

**Lovington Fire Department
ITEMS TO BE INCLUDED IN YOUR APPLICATION PACKET**

OFFICE USE ONLY	
	A legible copy of the front of your valid New Mexico drivers license.
	A legible photocopy of your highest educational diploma or degree completed.
	A legible photocopy of your current personal motor vehicle insurance policy card.
	You must ensure that your phone number is listed on your application.
	Legible copies of certificates and/or licenses, which are applicable to the job you are applying for.
	A completed Lovington Fire Department General Questionnaire.
	A signed and notarized Applicant Release Form.
	A signed and notarized MVD Confidential Records Release Form.
	A signed Supplemental Application Form - General.
	A signed and notarized Release of Information form. Ensure that you initial each page.
	A signed Employment Requirements Form.
	A completed list of three references on the provided form.
	A copy of your resume.
	Include this form when submitting your application.

**** If any of the above items are missing, your application will be rejected.**

Lovington Fire Department Applicant Testing Process

The following information is being provided to you, the applicant, so you will be familiar with the hiring process the City of Lovington Fire Department utilizes. The hiring process and physical agility test descriptions are taken from the Lovington Fire Department Standard Operating Procedures Manual, Sections 6.0 and 11.0.

Employment Screening Process

1. All applicants, upon returning the valid completed application to the Fire Department, within the approved time, shall be notified of the testing date.
2. The screening process entails the following, in this order:
 - The applicant will perform a fitness evaluation consisting of the following:
 1. In an effort to measure the applicants cardiovascular fitness, the applicant will perform a 1.5 mile run and complete within the times specified below

	Male	Female
18 - 29	12:25	14:39
30 - 39	12:51	15:25
40 - 49	13:46	16:12
50 - 59	14:54	17:17
60 +	16:16	18:00

2. In an effort to measure the applicant's muscle strength and endurance, the applicant will perform pushups and sit-ups and meet the criteria listed below.

	<u>Pushups</u>	
	Male	Female
18 - 29	29	23
30 - 39	24	19
40 - 49	18	13
50 - 59	13	12
60 +	10	5

	<u>Sit-ups</u>	
	Male	Female
18 - 29	38	32
30 - 39	35	25
40 - 49	29	20
50 - 59	24	14
60 +	19	6

NOTE: Any failure of a portion of the fitness evaluation will disqualify the individual from proceeding through the screening process.

3. Applicants will take a written comprehensive exam in which they have two hours to complete. This exam shall have a passing score of 80%. If the applicant passes this examination, he/she will proceed to the next step. If the applicant fails this examination, he/she will not be allowed to continue the screening process.
4. Upon successful completion of the written examination, applicants will proceed to the ladder test and physical agility test. The physical agility test is performed as follows:
 - Applicants will wear full firefighting protective clothing and S.C.B.A (Self Contained Breathing Apparatus) to perform the physical agility test. This equipment shall include coat, pants, helmet, gloves, and S.C.B.A. Applicants are not required to wear bunker boots and may wear sturdy footwear such as hiking boots. Applicants will be breathing from the S.C.B.A.
 - Applicants will climb a 24-foot extension ladder, which will be placed against the wall of the main station. The ladder will be heeled at all times that an applicant is on the ladder. The applicant will be wearing a safety belt and belayed at all times while on the ladder. The applicant will climb the ladder, stepping on each rung, and touch the top rung. The applicant will then climb down the ladder using every rung. This test is complete when the candidate is on the ground.
 - Prior to participating in the physical agility test, applicants will view a videotaped demonstration of the physical agility test. The applicants will also be shown and explained how to don and use the S.C.B.A. Prior to participation in the physical agility test, applicants are required to sign a waiver advising that they understand the physical agility test and its components.

- Physical Agility Test Description

Station 1: The applicant will remove a fan from the left rear side compartment and place the fan in the area marked A.

Station 2: The applicant will proceed to the hose pull station. The applicant will raise the one 50 foot rolled hoses using a hand-over-hand method until the hose reaches the top of the pulley. The applicant will then lower the hose to the ground using a hand-over-hand method. Upon completion of this station, the applicant will walk to the breach and pull simulator.

Station 3: Utilizing a six foot pike pole, the applicant will push a 60 pound weighted door up three times, then proceed to hook the pike pole to the 80 pound ceiling device and pull down four times. Each set consists of three pushes and four pulls. The applicant will complete three sets.

Station 4: The applicant will proceed to the driver side of the engine and climb up to the preconnect bay, grab the nozzle, and step down from the engine.

Station 5: The applicant will proceed to the hose drag, pull a 1- $\frac{3}{4}$ inch charged hose line a distance of seventy-five feet and open the nozzle to flow water and strike a traffic cone.

Station 6: The applicant will drag a 185-pound dummy a distance of 100 feet. The physical agility test is complete when the applicant and the dummy cross the finish line.

Applicants will be required to complete the physical fitness test in its entirety. Applicants are allowed only one (1) thirty (30) second period of rest.

5. Upon successful completion of the written and physical agility examinations, the applicant will then proceed to the review board portion of the screening process.
6. After the review board completes all interviews, applicants will be ranked on a list with the highest ranked applicant(s) being the recommendation for hire. This list will be given to the Fire Chief. The Fire Chief will conduct or cause to be conducted all background checks and verify references. The Fire Chief has the authority to accept the recommendations as he/she is given or may choose to hire at his or her discretion.
7. The ranking list shall be used for a period of no longer than six months. As employment positions become available, the Fire Chief may or may not hire off of this list, at his or her discretion. The Fire Chief must advertise the position to the

City and the public. Any applicants on the list will not be required to retest but may do so if they choose. It is also the option of the Fire Chief to start a hiring process prior to the six-month limit on the list.

**Lovington Fire Department
General Questionnaire**

Please answer the following questions by indicating yes or no. With the exceptions of questions 1, 12, and 13, if you answer any question yes, please provide an explanation on a separate piece of paper and attach it to this document. Return this questionnaire with your application.

<u>Question or Statement</u>	<u>Circle Your Response</u>	
I authorize the Fire Department to investigate my background for employment consideration.	Yes	No
I have a fear of heights.	Yes	No
I have a fear of confined spaces.	Yes	No
I tend to be squeamish whenever I have to work with injuries, blood, or other bodily fluids.	Yes	No
I have been refused bonding regarding occupations.	Yes	No
I have been charged or convicted of arson.	Yes	No
I have been convicted of a felony.	Yes	No
Have you ever been a member or employee of any rescue, fire, ambulance, or police agency?	Yes	No
Have you ever had your drivers license revoked?	Yes	No
I use illegal drugs, medications, or other illegal substances.	Yes	No
I use tobacco products.	Yes	No
I consume alcoholic beverages.	Yes	No
I am a child, parent, or spouse abuser.	Yes	No

I certify that my responses to this questionnaire are honest and true. I also acknowledge that falsifying my responses will remove me from consideration for employment.

Signature

Date



LOVINGTON FIRE DEPARTMENT

213 S. Love
Lovington, New Mexico 88260
Chief Terrance Lizardo

BUSINESS

575.396.2359

FACSIMILE

575.396.7380

URL

www.lovingtonfire.com

Applicant Release Form

I am testing for a position with the Lovington Fire Department. I understand that I will be required to take a physical agility test. I have been given a copy of the description of the Lovington Fire Department fitness test and physical agility test (included in the job application packet). I also agree to view the video or live demonstration of the physical agility test prior to starting said test. In addition, I will agree to attend a safety and familiarization briefing on the provided S.C.B.A (Self Contained Breathing Apparatus) on the date of testing.

I agree to hold the Lovington Fire Department, the City of Lovington, or any of its employees harmless from any injuries that I might receive during the fitness and physical agility test process. I am testing for a full or part-time position and do this of my own free will.

This section to be completed in the presence of a notary:

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Notary: Subscribed and sworn to before me at _____
(Time)

this _____ day of _____ 20_____.

Signed: _____

My commission expires: _____

State of New Mexico - Taxation & Revenue Department
MOTOR VEHICLE DIVISION



CONFIDENTIAL RECORDS RELEASE

(Pursuant to Section 66-2-7.1, NMSA 1978)

TYPE OR PRINT PLAINLY (INQUIRIES THAT CANNOT BE READ WILL NOT BE PROCESSED)

Provisions of the New Mexico Motor Vehicle Code make personal information about an individual confidential, and restrict disclosure. This form authorizes the release of Driver or Vehicle information containing personal information to:

- an individual, or an individual's authorized representative; or
- a requestor, if the requestor has obtained the written consent of the individual to whom the information pertains.

Note: For purposes of this Release, the term "personal information" means:

- with respect to **vehicle records**, the driver license number, date of birth, address, city and state.
- with respect to **driver records**, the name, address, city, state, social security number, driver license number, date of birth, height, weight, medical restrictions, image and signature.

REQUESTOR / AUTHORIZED REPRESENTATIVE NAME & ADDRESS

REQUESTOR'S NAME - Company or Individual - (Last, First, MI):

Requestor's SS # or Employer ID #

Mailing Address (Number & Street):

City, State, Zip Code:

PERSON TO WHOM INFORMATION PERTAINS

NAME (Last, First, MI)

Mo./ Day / Yr. of Birth

Mailing Address (Street & Number)

Social Security #

City, State, Zip Code

Telephone #
()

Driver License / ID Card Number (If Applicable)

Vehicle License Plate / Identification Number(s) (If Applicable)

TYPE OF INFORMATION REQUESTED

DRIVER RELATED

- Motor Vehicle Record
- Copies of Citations or Withdrawal Notices
- Copy of License / ID Card Application

Other: _____

VEHICLE RELATED

- Printout of Vehicle Registration / Owner Information
- Copy of Vehicle or Title or MSO
- Copy of Bill of Sale

Other: _____

Provide additional information to accurately and specifically identify the information requested above: _____

Pursuant to the National Driver's Privacy Act, Public Law 103-322, I hereby swear and affirm that this requested release of information is permissible and will be used according to law.

The undersigned takes full responsibility for any violations of this Act.

I authorize the release of my personal information to: Me Authorized Representative Requestor

Signature of Person _____
to Whom Information Pertains _____ Date _____

If personal information is to be released to anyone other than the individual, this Release must be notarized.



NOTARY: Subscribed and sworn to before me at _____

this _____ day of _____, 19 ____.

Signed _____

My commission expires: _____

**THIS RELEASE IS
VALID FOR 30 DAYS
FROM DATE OF AUTHORIZATION**

SEAL

**CITY OF LOVINGTON
SUPPLEMENTAL APPLICATION FORM - GENERAL**

The job you have applied for lists special bonafide occupational qualifications in the job announcement. Please complete the boxes checked and sign where required. This form will be added to your application. **BE SURE TO SIGN THE CERTIFICATE.**

IDENTIFICATION
NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle Initial </div>

AGE: _____	DATE OF BIRTH: _____
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BONDABILITY
Have you ever been denied coverage by a surety bond for handling finances? <div style="display: flex; justify-content: center; gap: 50px;"> NO _____ YES _____ </div>
Do you know of any reason you might be denied coverage? NO ____ YES ____
If Yes on either, please explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

CONVICTION INFORMATION
We declare that the existence of a conviction record will not automatically disqualify you from all employment with the City of Lovington although certain types of criminal conviction may prohibit you from working in certain jobs. Have you ever been convicted as an adult for a criminal offense? NO ____ YES ____ As a civilian? NO ____ YES ____ In the Armed Forces? NO ____ YES ____
If Yes, Please complete: Date(s) and Location(s) of Conviction(s) / Nature of Offense(s) / Disposition(s) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Complete whether Yes or No: I, _____, hereby authorize the release to the City of Lovington, New Mexico, of past or current information concerning convictions against me from any agency including the United States Department of Defense or any of its branches. I do hereby hold harmless and free of liability any source that releases this information.
_____ Applicants Signature
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">_____ Social Security Number</div> <div style="width: 45%;">_____ Address</div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">_____ Service Number</div> <div style="width: 45%;">_____ City State Zip</div> </div>

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I _____ am an applicant for a position with, or an employee for the City of Lovington, New Mexico. The City of Lovington needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department, (except for information covered by the Americans with Disabilities act, "ADA").

I hereby authorize any representative of the City of Lovington bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Lovington, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Lovington to consider in determining my suitability for employment with that City. It is my specific intent to provide access to personal information, however, personal or confidential it may appear to be.

I consent to you release of any and all public and private information that you may have pertained to me, my work background and reputation, my military service records, educational records, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had in interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the City of Lovington, including its officers, employees, and other related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my

Applicants Initials

associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Lovington regardless of any agreement I may have made with you previously to the contrary. The Personal Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration for the City of Lovington's acceptance and processing of my Application for Employment, I agree to hold the City of Lovington, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Lovington. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Lovington in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the City of Lovington as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or fax copy of this release form will be valise as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of twelve (12) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her employer, agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Applicants Initials

City of Lovington Fire Department
Employment Requirements

1. You must be 18 years of age or older.
2. You must be a citizen of the United States.
3. You must be proficient in reading, writing, and speaking English.
4. You must be able to provide a valid Social Security card, with legible social security numbers, to City Hall upon employment.
5. You must have a minimum of a high school diploma or a G.E.D. certificate.
6. You must pass a background check conducted by the Lovington Fire Department.
7. You must pass the Lovington Fire Department fitness evaluation, physical agility test, written examination, and review board.
8. You must pass a D.O.T. physical examination given by a physician assigned by the Lovington Fire Department, at our expense.
9. You must have a motor vehicle to commute to and from the fire department.
10. You must have a valid New Mexico driver's license.
11. You must present proof of legal limits of automobile insurance as required by the State of New Mexico on any vehicle you operate, to and from your employment. Loss of insurance is cause for termination.
12. You must live within a thirty (30) mile radius of the City of Lovington.
13. If employed by the City of Lovington, you must agree to abide and comply with the job description provided for your position.
14. If employed by the City of Lovington, you must agree to abide and comply with all City of Lovington and Fire Department policies and procedures.

My signature acknowledges that I have read and understand I must meet all of the above requirements to be employed with the City of Lovington Fire Department either as a full time or part time employee.

Printed Name

Date

Signature

References

1. Name: _____
Address: _____
Phone: _____
Relationship: _____
2. Name: _____
Address: _____
Phone: _____
Relationship: _____
3. Name: _____
Address: _____
Phone: _____
Relationship: _____