

Lovington Fire Department

Application Packet

A legible copy of the front of your valid New Mexico driver's license.

A legible photocopy of your highest educational diploma or degree completed.

A legible photocopy of your current personal motor vehicle insurance policy card.

Your phone number is listed on your application.

Legible copies of certificates and or licenses that apply to the job you are applying for.

Fill out the Lovington Fire Department General Questionnaire.

A signed supplemental Application Form.

A signed Employment Requirements Form.

The following Items must be notarized:

A signed and notarized Applicant Release form.

A signed and notarized MVD Confidential Records Release form (obtained from City Hall).

A signed and notarized Release of Information form. Make sure each page is initialed.

City of Lovington Fire Department

Employment Requirements

1. Be 18 years of age or older
2. Be a citizen of the United States
3. Be proficient in reading, writing, and speaking English
4. Be able to provide a valid Social Security card with legible numbers and name to City Hall.
5. Have a minimum of a high school diploma or G.E.D. certificate and provide proof.
6. Be able to pass a background check conducted by Lovington Fire Department
7. Pass Lovington Fire Department fitness evaluation, physical agility test, written examination, and review board.
8. Pass a D.O.T. physical examination given by a physician assigned by the Lovington Fire Department. (Paid for by Lovington Fire Department)
9. Have a form of transportation to be able to commute to and from Lovington Fire Department
10. Have a valid New Mexico driver's license.
11. Present proof of insurance of legal limits of automobile insurance as required by the State of New Mexico on any vehicle you may operate to and from your place of employment. Loss of insurance is cause for termination.
12. Live within a 30-mile radius of the City of Lovington. If not, be able to make arrangements to be in the vicinity during On call operations.
13. If employed by the City of Lovington, you must agree to abide by and comply with the job description provided for your position.
14. If employed by the City of Lovington, you must agree to abide by 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.

Signature

Lovington Fire Department General Questionnaire

Answer the following questions by indicating yes or no. With the exceptions of questions 1 and 12 if you answer any question yes, please explain using a separate piece of paper and attach it to this document.

1. I authorize the Fire Department to investigate my background for employment consideration.
2. I have a fear of heights.
3. I have a fear of confined spaces.
4. I tend to be squeamish whenever I have to work with injuries, blood, or other bodily fluids.
5. I have been refused bonding regarding occupations.
6. I have been charged or convicted of arson.
7. I have been convicted of a felony.
8. Have you been a member of any rescue, fire, ambulance, or police agency?
9. I use illegal drugs, medications, or other illegal substances.
10. I use tobacco products.
11. I consume alcoholic beverages.
12. I am a child, parent, or spouse abuser.

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

Signature

Name:

Age:

Address:

Bondability

Have you ever been denied coverage by a surety bond for handling finances?

Do you know of any reason you might be denied coverage?

Conviction Information

We declare that the existence of a conviction record will not automatically disqualify you from all employment with the City of Lovington. However, certain types of criminal convictions may prohibit you from working in specific jobs.

Have you been convicted as an adult for a criminal offense?

As a civilian?

In the armed forces?

If yes please complete:

Complete whether Yes or No

I, Your name Here , 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.

Signature