

**PLEASE ATTACH
ANY CERTIFICATIONS
TO APPLICATION**

TO APPLICANT:
IF YOU WISH TO
PARTICIPATE IN THE
NOMINAL FEE PROGRAM, FILL
OUT THE ATTACHED W-4 AND
I-9 TO QUALIFY FOR THE
PROGRAM.

ALSO PLEASE ATTACH A COPY
OF YOUR DRIVERS LICENSE
FRONT AND BACK AND A COPY
OF YOU SOCIAL SECURITY
CARD



MEMBERSHIP APPLICATION

Valencia County Emergency Services

Valencia County, New Mexico

FIRE DISTRICT # _____

Firefighter () EMS () Support () Junior ()

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ DOB: _____ Age: _____

SS#: _____ Driver License # / State: _____

Physical Address: _____

City / State / Zip: _____

Mailing Address (If Different): _____

Cell Phone: _____ Home Phone: _____

EMAIL Address: _____

Place of Employment: _____ Business Phone: _____

Address: _____

EMERGENCY CONTACT: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Marital Status: _____ Children: Yes () No () Ages: _____

1. Have you ever been a member of a Fire Department?

If so – How Long? _____ Where: _____

Reason for leaving:

2. Do you have any physical limitations that would restrict your performance as a firefighter?

If Yes Explain:

3. Do you have a car or other means of transportation to meetings, trainings, or emergencies?

4. Have you ever been convicted of a crime?

If so, Please explain:

5. Have you ever been denied a drivers license or had your driver license suspended or revoked?

If so, Please explain:

6. Have you been involved as an operator in a Motor Vehicle Accident within the last three (3) years?

If so, please explain:

7. Please List Any Previous Fire / Rescue Experience or Certifications you may have:

8. Are you willing to attend meetings, drills, and trainings? Yes No

9. Are you willing to take direction from officers? Yes No

10. Are you willing to sit shifts if your district requires? Yes No

The Following are additional desired qualifications for the position as a Firefighter. These will be used to determine your status within the Fire Department and will not necessarily disqualify you for membership. Indicate which you can meet by circling "yes" or "No" after each item.

- | | | |
|--|-----|----|
| 1. Willing to obtain a valid Class A, B or E Driver License? | Yes | No |
| 2. Able to effectively communicate with officers? | Yes | No |
| 3. Able to communicate effectively with the public? | Yes | No |
| 4. Able to Add, Subtract, multiply, and divide? | Yes | No |
| 5. Able to write neatly and legibly and complete simple forms: Reports, Logs, and supply requests? | Yes | No |
| 6. Able to understand basic english and understand policy procedure? | Yes | No |
| 7. Able to complete work within established deadlines? | Yes | No |
| 8. Able to stoop, reach, bend, sit, or squat for long periods of time? | Yes | No |
| 9. Able to see, hear, and speak? | Yes | No |
| 10. Able to climb stairs, ladders, or machinery? | Yes | No |
| 11. Able to lift carry, or drag heavy items/materials? | Yes | No |
| 12. Stand for long periods of time and perform physical labor for up to 8 hours? | Yes | No |
| 13. Work in all types of weather for extended periods of time? | Yes | No |
| 14. Wear PPE (Bunker/Wildland gear – Pants, Gloves, Jacket, hood, helmet, boots, SCBA) | Yes | No |
| 15. Wear a uniform and comply with dress standards? | Yes | No |

We may be able to make a reasonable accommodation for applicants with disabilities and will consider each situation on an individual basis.

I _____ have answered the above questions honestly and to the best of my knowledge. I agree to a background, NCIC, and continuous driver license checks. I further agree to a pre-employment physical and drug screen, with the knowledge that I may be selected for random drug screens at the discretion of the District, and/or County Fire Chief.

Signature: _____ Date: _____

If application is for a junior firefighter (under 18 years of age), the signature of a parent or guardian is required.

Signature: _____ Relationship: _____ Date: _____

OFFICIAL USE ONLY

Application Committee recommendation () Approve () Disapprove

Membership () Approve () Disapprove

Active Status Date: ____/____/____

Inactive Status Date: ____/____/____

REFERENCES

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i>)					
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town	State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

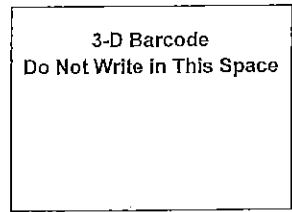
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code

