



**TOWN OF TAOS**  
**400 Camino de la Placita**  
**Taos, New Mexico 87571**

**Human Resources Department**  
 575-751-2009 Fax 575-737-2666



**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital, veteran status or any other protected class, or the presence of a medical condition or disability (unless there exists a required bona fide occupational qualification for a position).

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Type or print in dark ink. If you need more space for an answer use a sheet of paper the same size as this page.

Submit a separate application for each position for which you apply. If you plan to apply for more than one position, we suggest you complete the application, leaving "Date of Application," "Vacancy Announcement # or Job Title" and "Signature" blank. Make a copy of the application and complete this information as appropriate for each position for which you apply. We must have an original signature and date on each application received.

Read the recruitment announcement carefully for the position to which you are applying. Note the skills and knowledge required for the position. Assure that you meet the minimum qualifications set forth on the announcement.

Your completed application is one of the primary sources of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience.

Vacancy Announcement # or Job Title \_\_\_\_\_

Are you available to work (Check all that apply)

Full Time       Part Time       Temporary

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Last

First

Middle Initial

Physical Address \_\_\_\_\_

City

State

Zip Code

Mailing Address \_\_\_\_\_

If different from Physical Address

City

State

Zip Code

E-Mail Address \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Other (    ) \_\_\_\_\_

Have you ever used a different name for school or employment?

Yes     No

If yes, what name(s)? \_\_\_\_\_

Have you ever been employed by the Town of Taos?

Yes     No

If yes, give date separated or state "Present Employee" \_\_\_\_\_

Does the Town of Taos employ any of your relatives?

Yes     No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

**Proof of authorization to work in the United States for citizens and non-citizens is required for employment.**

Can you submit verification of your legal right to work in the U.S.?

Yes     No

**EDUCATION**

<input type="checkbox"/> Yes      High School Graduate / GED Certification?      If yes, list name of school:			
<input type="checkbox"/> No      If no, indicate grade completed _____			
<input type="checkbox"/> Vocational / Technical School:	Hours Completed: _____		
<input type="checkbox"/> Major/ Field Studied:			
<input type="checkbox"/> Business College:	Hours Completed: _____		
<input type="checkbox"/> Major/ Field Studied:			
<input type="checkbox"/> College or University			
<b>UNDERGRADUATE</b>	<b>GRADUATE</b>		
School(s)	School(s)		
Major Field(s)	Major Field(s)		
Hours Completed:	Hours Completed:		
<b>Degree(s) Received:</b> Can you supply these records if requested? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:
2. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:

**\*\*Must be able to provide copies of highest obtained diploma, degrees, transcripts and/or licenses and certificates prior to being scheduled for an interview.**

Do you currently have a valid Driver's License?     YES     NO    If yes, State of Issue: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

**The Town of Taos is a designated zero tolerance drug-free and violence free workplace. Are you willing to submit to a full background check, drug screening and alcohol screening?**

YES                       NO

If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL REFERENCES (Please provide at least three (3) who are not relatives or personal references)**

Name:	Phone Number:	Company:

**EXPERIENCE**

May inquiry be made of your current and past employers regarding your character, qualifications and record of employment?

Yes  No If no, please indicate to which employers it applies to and why:

**Note: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience. Verification of Volunteer duty will be required.**

<b>1</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address	No. & Street/P.O. Box	City	State	Zip
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$
If you supervised employees, please indicate number and give dates.		Location of employment (City & State) if different from employer's address		
No.	From (Mo./Yr.)	To (Mo./Yr.)		
Duties:				
Reason For Leaving:				
				Do Not Write In This Area
				Years Months

<b>2</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address	No. & Street/P.O. Box	City	State	Zip
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$
If you supervised employees, please indicate number and give dates.		Location of employment (City & State) if different from employer's address		
No.	From (Mo./Yr.)	To (Mo./Yr.)		
Duties:				
Reason For Leaving:				
				Do Not Write In This Area
				Years Months

<b>3</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address	No. & Street/P.O. Box	City	State	Zip
Your Job Title				
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$
LAST Mo. Pay \$				
If you supervised employees, please indicate number and give dates.		Location of employment (City & State) if different from employer's address		
No.	From (Mo./Yr.)	To (Mo./Yr.)		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years
				Months

Note: For additional experience blocks, please use continuation sheet.

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I give the Town of Taos the right to investigate all references and to secure additional information about me and my prior work history as indicated herein. I hereby release from liability the Town of Taos, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection pursuant to law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THANK YOU FOR TAKING INTEREST IN THE TOWN OF TAOS**



**Taos Fire Department  
Candidate Physical Ability Test (CPAT)**

Updated: 9/4/18

**PHYSICAL FITNESS RELEASE AND CONSENT FORM**

**APPLICANT**

I, \_\_\_\_\_, an applicant for employment with the Town of Taos Fire Department, hereby acknowledge that I am required to undergo the physical fitness test listed on the attachment.

I hereby state that I am of good health and have no medical conditions that this test would aggravate. I specifically release the *Town of Taos* from any and all claims that I may have or that may be made on my behalf or by other persons claiming by or through myself by reasons of injuries or harm that may result to me from participating in this demonstration.

I understand that I may withdraw from participation in this demonstration at any time I so desire.

This agreement shall be binding upon all my heirs and assignees, both present and future.

I certify that I have read and do understand, all the conditions contained in this release and consent form and do hereby willingly and knowingly affix my signature.

\_\_\_\_\_  
Applicant's Name (Print or Type)

\_\_\_\_\_  
Applicant's Signature Date

**SIGNATURE WITNESS:**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature Date



## Taos Fire Department Candidate Physical Ability Test (CPAT)

Updated: 9/4/18

### Test Phases

The Physical ability test consists of 4 phases as described below:

- 1) Step Trainer Test
- 2) Combat Challenge
- 3) Ladder Climb
- 4) Claustrophobia Test

**All instructions will be given to candidates before testing begins.**

#### **General:**

Running is not allowed anywhere on the course. Candidates should STOP the course if they begin to feel chest pain, shortness of breath or dizziness. Notify any of the testing personnel of the need for assistance. The physical ability test is pass/fail and will be timed.

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#### **Phase 1 - Step Trainer Test:**

**Athletic wear allowed for this phase only.**

**Phase 1 - Step Trainer Test: Athletic wear allowed for this phase only.**

This test evaluates cardiovascular endurance. A step at a time, climb up and down the designated course (steps) at the Taos High School football field 36 times in 3 minutes at a stepping rate of 60 steps per minute while wearing a 45 pound weighted vest to simulate the weight of a SCBA and High Rise Pack. **Regardless of the number of revolutions completed, the candidate must continue the test for the entire 3 minutes.**

*Auto Fail: Candidate does not hit every step, Excessive use of hand rails, not completing task.*

**Rest Period- After completion of the Step Trainer Test the candidate will be given a 5 minute rest period to check vital signs and prior to donning the equipment required for the challenge phase.**

#### **Phase 2 - Combat Challenge**

The combat challenge contains five (5) elements described below. For this phase of the test *the candidate will wear a structural firefighting jacket, helmet, Self-Contained Breathing Apparatus (SCBA) without mask, and gloves.* Candidates will have a maximum of **6 minutes** to complete the Combat Challenge Phase.

- **High Rise Stair Climb**

This test evaluates upper and lower body strength and endurance. This requires carrying a high-rise load (one section of 2-1/2" hose) thru the designated course up the stairs and then down again placing it in a designated area. This consists of 40 steps up and 40 steps back down.

*Auto Fail: Missing steps, dropping pack, not placing pack in designated area, not completing stair climb.*



## Taos Fire Department Candidate Physical Ability Test (CPAT)

Updated: 9/4/18

### Phase 2 - Combat Challenge Cont'd...

- Hose Hoist

This requires hoisting and lowering, hand over hand, one 50' length of 2-1/2" hose roll a distance of 27 feet utilizing a pulley system off the ladder truck while standing in a designated area.

*Auto Fail: Dropping hose, not completing task.*

- Forcible Entry

A forcible entry simulator is used. This requires driving a steel I-beam 5 feet using a ten and a half pound sledge hammer. Upper body strength is important in this evolution.

*Auto Fail: Stepping off Keiser sled, dropping sledge hammer, not completing task.*

- Victim Rescue

At this station an approximately 150 lb. dummy must be moved a total of 75 feet. This task requires good total strength and flexibility. Good grip strength is necessary to grasp the dummy, and good leg strength is required to drag the dummy.

*Auto Fail: Dropping dummy, lifting dummy completely off the ground, not completing task.*

- Hose Advance

This task requires dragging a charged 1 3/4" pre-connected line a distance of 75 feet. Once the 75 foot mark is reached the candidate will discharge the hose line, using control to hit a pre-determined target.

*Auto fail: Dropping nozzle, not hitting target, not completing task.*

### Phase 3 - Ladder Climb

The candidate will climb (on belay) from the base of a 75' truck mounted ladder to the second to last rung from the top of the ladder at a 65 degree angle, while wearing a structural firefighting jacket, helmet, gloves, and ladder belt. Upon reaching this rung the candidate will lock-in using a ladder belt. Once securely locked-in the candidate will release the ladder with both hands for a period of 3 seconds. Once the candidate has successfully completed the task, the testing personnel on the ground will signal the candidate who will then un-lock the ladder belt from the ladder rung and climb down the ladder. This phase will be conducted weather permitting.

**There is no time requirement for this portion of the test.**

### Phase 4 - Claustrophobia Test

While wearing a structural firefighting jacket, helmet, gloves, and SCBA the candidate will don a blacked out SCBA mask on air and wear it in a predetermined area. When instructed to do so the candidate must remain stationary for **2 minutes**. During this time the candidate must not stand, doff the mask, or attempt to exit the predetermined area.

*Auto fail: Not completing task.*

## VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. **It will be detached and kept separate and confidential.** It will not be used in any way to make employment decisions.

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Gender:

Male       Female

Is your age 40 or over?

Yes       No

Are you a person with a disability?

Yes       No

Will you require accommodations for testing and/or employment?

Yes       No

Ethnic Category:

White       Black       Hispanic

Asian or Pacific Islander       American Indian or Alaskan Native

Indicate specific source from which you learned about the position:

Newspaper (specify): \_\_\_\_\_

Job Fair (specify): \_\_\_\_\_

Organization (specify): \_\_\_\_\_

Employee Referral (specify): \_\_\_\_\_

Website (specify): \_\_\_\_\_

Town of Taos Human Resources Department

New Mexico Department of Labor

Other (specify): \_\_\_\_\_