



McKinley County Fire & Rescue



Membership Application

Candidate Demographics & Contact Information

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Date of Birth: _____ Age: _____

Driver's License/ID #: _____ Issuing State: _____ Expiration: _____

Social Security Number: _____ Cell Phone: _____

Home Phone: _____ Cell Phone Carrier: _____

Email address: _____

Physical Address: _____
(Street, City, State, & Zip Code)

Mailing Address: _____
(Street, City, State, & Zip Code)

Emergency Contact Information

Emergency Contact # 1: _____ Relation: _____

Physical Address: _____
(Street, City, State, & Zip Code)

Home Phone: _____ Cell Phone: _____

Emergency Contact # 2: _____ Relation: _____

Physical Address: _____
(Street, City, State, & Zip Code)

Home Phone: _____ Cell Phone: _____

Employer Information

Current Employer: _____ Supervisor: _____

Employer Number: _____ How long at this employer? _____

Questionnaire

| | | YES | NO |
|-----|---|--------------------------|--------------------------|
| 1) | Are you able to read and understand basic English? If "NO", a member of the fire department will help you complete this application | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Is English your primary language? If "NO" please list your primary language: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Are you now, or have you been a member of a Fire Department? If "YES" please list the department: _____ How long were/have you been a member? _____ Name of the Officer In Charge or Chief: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Do you have any firefighter certifications? If "YES", please attach copies of all firefighting certifications | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | Do you have any Emergency Medical Services (EMS) or medical certifications? If "YES", please attach copies of all firefighting certifications | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | Do you have a vehicle or other reliable means of transportation to emergencies, trainings, meetings, or other fire department related events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | Have you ever been convicted or plead guilty to a misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | Have you ever been convicted or plead guilty to a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | Have you ever been charged with a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | Have you been involved in a Motor Vehicle Collision as a driver within the last five (5) years? If "YES", what was the date of your last accident? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | Have you ever had your Driver's License suspended or revoked? If "YES", please list the reason: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | Are you willing to attend meetings, trainings, and respond to emergencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | Are you willing to take direction and instructions from Fire Department Officers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | Are you willing to participate in a physical agility test? | <input type="checkbox"/> | <input type="checkbox"/> |

15) Are you willing to fill out a Health Assessment Questionnaire? YES NO

16) Do you authorize McKinley County Fire & Rescue to conduct a background investigation and reference checks?

17) Please list three personal or professional references:

| | | | |
|----|--------|----------|---------|
| 1) | _____ | _____ | _____ |
| | (Name) | (Number) | (email) |
| 2) | _____ | _____ | _____ |
| | (Name) | (Number) | (email) |
| 3) | _____ | _____ | _____ |
| | (Name) | (Number) | (email) |

I understand and agree with the following statements:

- I may be asked to participate in a physical agility test.
- I may be asked to submit to a health screening or examination from a licensed physician.
- I authorize McKinley County Fire & Rescue to conduct a background investigation and reference check.
- I understand that any false statements made on this application will disqualify me from membership.
- I understand that this application is for the position of volunteer.
- I understand that this application is not intended to be a contract of employment.
- I understand that McKinley Fire & Rescue does not allow for the use of alcohol or drugs on McKinley County property or allow for impaired individuals to respond to calls for service or participate in any McKinley County Fire & Rescue event.

Signature of Applicant

Date

Fire Administrative Office Use ONLY

Date Received: _____ Received By: _____ Background: _____

Phase 1 Scheduled: _____ Phase 2 Scheduled: _____ IAR: _____

Candidate's Home Station: _____

Member Enrollment for Volunteer Firefighters

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2021 via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

Information About the Volunteer Firefighter (VF)

| | | | |
|--|-------------------------------|------------------------------------|---|
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address |
| Mailing Address | | City | State |
| Date of Birth | | City of Birth | State of Birth |
| Marital Status: <input type="checkbox"/> Never Married | | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| | | <input type="checkbox"/> Divorced | |
| Have you ever been a PERA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | |
|---------------|--------------|------------------------|
| Spouse's Name | Spouse's SSN | Spouse's Date of Birth |
|---------------|--------------|------------------------|

Section 3

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

| | |
|------------------------|------|
| Signature of VF Member | Date |
|------------------------|------|

Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

| | | |
|---|------------------|-------------------------|
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| VFD Email Address | VFD Phone Number | |
| VFD Chief's Printed Name | | |

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

| | |
|------------------------|------|
| Signature of VFD Chief | Date |
|------------------------|------|



183 Leader Heights Road
 P.O. Box 2726
 York, PA 17405
 (800) 233-1957 or (717) 741-0911
 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Insured Beneficiary Change Name Change: From: _____

Complete all of the following information:

| | | | |
|--|---|----------------------|--------------|
| Policyholder Name and Policy Number(s) <i>(Emergency Service Organization Name)</i> | | | |
| <input checked="" type="checkbox"/> | _____ Policyholder McKinley County | Policy Number | VPS-1399E-02 |
| <input type="checkbox"/> | _____ Policyholder _____ | Policy Number | _____ |
| <input type="checkbox"/> | _____ Policyholder _____ | Policy Number | _____ |
| <input type="checkbox"/> | _____ Policyholder _____ | Policy Number | _____ |
| <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | Other _____ | | |

| | | |
|-----------------------------|----------------------------------|---------------------------------------|
| Last Name: _____ | First Name: _____ | MI: _____ |
| Date of Birth: _____ | Date of Membership: _____ | Social Security Number: / / |

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

| BENEFICIARY DESIGNATION – Primary Class | Relationship to Insured | Date of Birth | Percent <small>(Must equal 100%)</small> |
|---|-------------------------|---------------|---|
| <input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries) | | | |
| | | | |
| | | | |
| | | | |
| BENEFICIARY DESIGNATION – Contingent Class | Relationship to Insured | Date of Birth | Percent <small>(Must equal 100%)</small> |
| (Name, address, phone number and/or email address of beneficiaries) | | | |
| | | | |
| | | | |
| | | | |

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

| Class | Relationship to Insured | Percent |
|---|---|-------------------|
| One Beneficiary of a class Jane Ann Jones | Spouse | 100% |
| Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones | Father Mother | 50% 50% |
| Unnamed Children: Children of the Named Insured | | Split Equally |
| Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones | Mother Sister Brother | 50% 25% 25% |
| Insured's Estate | Executors or Administrators of the Insured's Estate | |

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



McKINLEY COUNTY

McKinley County
207 West Hill Ave.
P.O. Box 70
Gallup, NM 87305-0070

Main Fax # (505) 863-6362

Federal Income Tax Law requires us to maintain your taxpayer identification number (TIN) on file. Under Federal Regulation, section 1.6041-1, you are required to provide us with the information on the enclosed Form W-9. If you fail to furnish us with this information, you may be subject to a \$50.00 penalty imposed by the IRS and all payments we make to you could be subject to a 25% backup withholding.

In order for us to complete the Form 1099-MISC properly, we must have your name, address, taxpayer identification number (TIN), **and NM CRS identification number** under which you report your earnings.

- If you do business as an **Individual or Sole Proprietor**, your TIN number is your **Social Security Number (SSN)**.
- If you **do not** do business as an **individual or sole proprietor**, then the TIN number is your **Employer Identification Number (EIN)**.
- We are **not required** to file a **Form 1099-MISC** for you if you are a **corporation, tax-exempt organization, or other exempt payee**. However, the law requires that you provide us with your **TIN number as well as the type of payee** you are.

Please provide us with the information required by completing the enclosed Form W-9 and furnishing the information requested on the “Business Information Request Form”.

In order to **avoid any payment delays**, please return both the Form W-9 and the “Business Information Request Form” as soon as possible. You may return the completed forms to the address provided at the top of this page or fax them to “Attn: Accounts Payable” at 505-863-6362.

Thank you for your cooperation.

Return these Forms with your Application Packet



Business Information Request Form

Please check the type of business you are:

- Individual Sole Proprietor Partnership Estate Trust
 Corporation Government Agency Tax Exempt Organization
 Cooperation providing healthcare/medical services
 Other: _____

Please check the type of service you provide:

- Medical Rent Miscellaneous

Please check whether this is for:

- Service Purchase of Merchandise Rent Utilities Custom Order

Business Information:

Individual Name Business Name: _____

TIN (Taxpayer Identification Number): _____

NM CRS Identification Number: _____

Business Address: _____

 Your Address _____

Remittance Address: _____

(If different from business) _____

Phone Number: _____

Fax Number: _____

Contact Person for your organization: _____

Email of Contact Person (Registration): _____

Payment terms: Per McKinley County Fire Rescue Policy _____

For McKinley County Use Only

| | | |
|---------------------------------|----|----------------------|
| Return To: | OR | Fax to: 505-863-1439 |
| Tim Berry - Fire Chief McKinley | | Attn: Chief Berry |
| County Fire Rescue PO Box 1706 | | |
| Gallup, NM 87305 | | |
| _____ | | |
| _____ | | |

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

| | |
|--|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) County of McKinley P.O. Box 70 - 207 W. Hill Ave. Gallup, NM 87305-0070 |
| 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | |
|---|--|---|---|---|---|--|
| Social security number | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | | - | | - | |
| | | - | | - | | |
| or | | | | | | |
| Employer identification number | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | | - | | | |
| | | - | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|--------------------|----------------------------|--------|
| * Sign Here | Signature of U.S. person ▶ | Date ▶ |
|--------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.