



New Mexico Mounted Search and Rescue Application

*Type or print clearly in dark ink.

*Answer all questions fully and accurately. False statements or omissions may result in disqualification.

1. Last Name			First Name		Middle Name		2. Date
3. I am available for the following types of work: <input type="checkbox"/> Anytime <input type="checkbox"/> Evenings <input type="checkbox"/> Days <input type="checkbox"/> Weekends Only							4. Date Available
5. Address					6. Date of Birth		
					7. Social Security Number		
8. Telephone Number Home: Work:			9. Height	10. Weight	11. Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		
12. Spouse's Name				13. Spouse's Place of Employment			
14. Dependents				Emergency Contact			
15. Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other					16. Birthplace (City, County, and State)		
17. Have you ever been convicted of a criminal offense?							
18. Have you ever been injured on a job?							
19. Have you ever received Workman's Compensation?							
20. Have you ever been dismissed (fired) or asked to resign from a job?							
21. Do you speak and understand any languages other than English?							
22. Elementary-High School last attended			Last Grade Completed		Date of Graduation or G.E.D.		
23. Colleges, Business and other schools attended:							

24. Military Services	Branch	Description of Duties	Dates
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25. Driver's/Chauffeur's License Number/State: _____

26. Vehicles, equipment and other machines you can operate: _____

27. Horse Experience: _____

28. Special Qualifications (such as Medical, Search and Rescue, Law Enforcement, etc.): _____

29. Do you have any medical problems? Please Explain. _____

List and describe any special medication: _____

30. Place of Employment:	Exact Work Title:
Type of Business Organization:	Dates of Employment:

31. References	Name	Address	Telephone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I certify that all statements made herein are in good faith, and are true, complete, and correct to the best of my knowledge and belief. I understand that falsification or omission of information may disqualify me from consideration and that my statements are subject to investigation.

Signed: _____

Dated: _____