TORRANCE COUNTY

P.O. BOX 48, 205 Ninth Street, New Mexico 87016
Phone: 505.246.4752, Fax: 505.384.5294
www.torrancecountynm.org

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

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

NAME - Last	First	Initial	Home Phone:
ADDRESS - Street	Mailing		Business or Message Phone
City	State	Zip Code	Please list any different name you have used for school or employment

EACH POSITION YOU APPLY FOR REQUIRES A SEPARATE APPLICATION

POSITION APPLIED FOR - Give exact title.

1. Title

2. Do you have a valid NM driver's license?: Yes ☐ No ☐ Commercial Driver's License ?: Yes ☐ No ☐ Number: Class:

3. Have you been convicted of a felony or misdemeanor? Yes ☐ No ☐ If Yes, explain and provide dates:

4. Have you previously worked or do you now work for Torrance County? Yes ☐ No ☐ If Yes, provide dates:
Employment records for former and current County employees will be made available to hiring officials upon request.

5. Does Torrance County employ any relative of yours? Yes ☐ No ☐

If Yes, (1) Name: _____ (2) Name: _____

Relationship: _____ Relationship: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.

Attach a copy of your diploma, degree or appropriate transcripts to each application.

Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required notarization and attachments. **DO NOT** submit a résumé in lieu of this application. Read the job specifications carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

NAME - Last	First	Initial

EDUCATION, LICENSES, CERTIFICATIONS Check (√) and fill in appropriate areas	High School Graduate/GED Certificate? Yes ☐ No ☐ **ATTACH A COPY OF DIPLOMA OR CERTIFICATE**
☐ Vocational/Technical Hours Completed	☐ Business College Hours Completed
☐ School - Major Field	☐ Major Field

COLLEGE OR UNIVERSITY

UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Degree Earned Date of Degree	Degree Earned Date of Degree

LICENSE OR CERTIFICATE

1. License/Certificate issued by				2. License/Certificate issued by			
Field/Trade Specializatic	Number	Date Issuec	Exp. Date	Field/Trade Specializatic	Number	Date Issued	Exp. Date

NOTE: You MUST SUBMIT required documents (copy of transcript, license, certificate) with each application.

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

_____

_____

_____

SHERIFF AND/OR DISPATCH APPLICANTS ONLY

Are you age 21 or older? Yes ☐ No ☐

Social Security Number _____ Driver's License Number _____ State ____

Are you willing to submit to a full background investigation? Yes ☐ No ☐

Are you willing to submit to a drug and alcohol screening? Yes ☐ No ☐

Are you willing to submit to psychological testing? Yes ☐ No ☐

Are you willing to undergo various physical agility tests and submit to a full physical examination?

Yes ☐ No ☐

Are you currently or have you been previously certified?: Yes ☐ No ☐

If so, list agency:_____

EMPLOYMENT HISTORY - A résumé will not be accepted in lieu of the employment application. Begin with current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? ☐ **YES** ☐ **NO**

If NO,
explain:_____

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET

1	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Street/Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ Part-time Hours per week: _____			Current or Last Hourly Pay $
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				DO NOT WRITE IN THIS AREA
				YEARS MONTHS
Reason for Leaving:				

2	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Street/Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ Part-time Hours per week: _____			Current or Last Hourly Pay $
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				DO NOT WRITE IN THIS AREA
Reason for Leaving:				YEARS MONTHS

3	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Street/Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ Part-time Hours per week: _____			Current or Last Hourly Pay $
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
				DO NOT WRITE IN THIS AREA
				YEARS MONTHS
Reason for Leaving:				

List three professional references (Other than former employers or relatives) List Only those you will permit us to contact.

NAME	ADDRESS	PHONE	PROFESSIONAL RELATIONSHIP
1.			
2.			
3			

SIGNATURE - Please read before signing

I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize Torrance County to investigate the information contained herein and contact those previous employers I have approved.

Sign Here in Ink Date

THE SELECTION PROCESS. Upon the closing date of the announcement, the Human Resources Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the Human Resource Office. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

CONTINUATION SHEET FOR EMPLOYMENT HISTORY

Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street/Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ Part-time Hours per week: _____		Current or Last Hourly Pay $
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address	
Duties:			
Reason for Leaving:			DO NOT WRITE IN THIS AREA
			YEARS MONTHS

Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street/Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ Part-time Hours per week: _____		Current or Last Hourly Pay $
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address	
Duties:			
Reason for Leaving:			DO NOT WRITE IN THIS AREA
			YEARS MONTHS

RELEASE OF INFORMATION FORM

Applicant: I give all prior employers permission to release to Torrance County information in my personnel file regarding the following areas of my previous employment.

[Please specify some or all]

- ☐ Date of Hire
- ☐ Date of Termination
- ☐ Beginning Salary
- ☐ Ending of Salary
- ☐ Attendance Records
- ☐ Tardiness
- ☐ Vacation Time
- ☐ Sick Leave Time
- ☐ Leave Without Pay
- ☐ Performance Evaluations
- ☐ Disciplinary and Termination Records
- ☐ Workers' Compensation Leave

I hereby release and discharge all prior employers from all claims or actions for loss, liability, damage, or expense which I now have or which may hereafter arise from the making of any inquiries about me or the furnishing of any information about me in connection with my application for employment with Torrance County.

Printed Name: _____ Date: _____

Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, _____/_____/_____
PRINTED NAME DATE OF BIRTH

_____-_____-_____ _____ _____,
SOCIAL SECURITY NUMB DRIVER'S LICENSE NUMBER/IDENTIFICATION NUMBER STATE

pursuant to Section 29-10-6A of the New Mexico Arrest Record Information Act, hereby appoint TORRANCE COUNTY SHERIFF'S DEPARTMENT as an authorized agent for me, for the purpose of inspecting and/or obtaining copies of any arrest record information concerning me maintained by the New Mexico State Police or accessible to the New Mexico State Police, including but not limited to, information concerning felony or misdemeanor convictions maintained by any entity, Motor Vehicle Code violation information, administrative action information, from other employees or employers and/or persons and entities I have dealt with.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above. A copy of this release form will be valid as an original hereof, even though a copy does not contain an original writing of my signature.

I hereby release the custodians of such records and the New Mexico State Police and the State of New Mexico, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assignees, associates, personal representative or representatives in any capacity, form any and all claims of liability or damage of whatever kind of nature, which at any time could result to me, my heirs, assignees, associates, personal representative or representatives of any nature, because of compliance said custodian or custodians with this Authorization of Release of Information, and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assignees, associates, personal representative or representatives of any nature.

SIGNATURE: _____ DATE: _____

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____.

_____
NOTARY PUBLIC

My commission expires: _____, 20_____

(Seal)

Public and Private Record Release

Employment or Insurance Purposes

The Fair Credit Reporting Act (FCRA) allows Torrance County to gain access to Public and Private records with my permission for employment or insurance purposes.

By signing this release:

I hereby give permission to Torrance County to investigate my **driving and/or criminal history** for purposes allowable under the FCRA.

I understand that my eligibility for employment and/or continued employment is contingent upon Torrance County gaining access to these records.

I confirm that I have read and understand the "Fair Credit Reporting Act Disclosure Statement" provided to me by Torrance County.

I authorize Torrance County to periodically receive these records, and such authorization will remain in effect for one year or for the duration of my relationship with Torrance County, whichever period is longer.

_____	_____	_____-_____-_____
Signature	Date	Social Security Number (For Criminal Records Only)
_____		_____
Printed Name (as it appears on drivers license)		Driver License Number
_____		Circle Gender M or F
Date of Birth - Month/Day/Year		

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____.

_____

NOTARY PUBLIC

My commission expires: _____, 20_____

(Seal)

POSITION SPECIFICATIONS

POSITION: DISPATCHER
SECTION: COMMUNICATIONS
DIVISION: DETENTION/DISPATCH
REPORTS TO: DISPATCH CENTER SUPERVISOR

***NOTE: YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT PHYSICAL OR MENTAL LIMITATIONS THAT YOU BELIEVE WILL NOT INTERFERE WITH YOUR CAPABILITY TO DO THE JOB. ON THE OTHER HAND, IF YOU WANT THE EMPLOYER TO CONSIDER SPECIAL ARRANGEMENTS TO ACCOMIDATE A PHYSICAL OR MENTAL IMPAIRMENT, YOU MAY IDENTIFY THAT IMPAIRMENT IN THE SPACE PROVIDED AND SUGGEST THE KIND OF ACCOMODATION THAT YOU BELIEVE WOULD BE APPROPRIATE.**

Minimum qualifications

1. Knowledge of and ability in radio communications, operation of telephone console, operation of National Crime Information Center (NCIC) computer, and NMCIC (New Mexico Crime Information Center), dispatching calls involving emergency and non-emergency situations.

2. High school diploma or GED certificate required.

3. One to two years experience in the performance of dispatcher duties is preferred.

4. Ability to communicate and understand in English.

5. Ability to understand and communicate in Spanish preferred but not required.

6. National Crime Information (NCIC) and New Mexico Crime Information (NMCIC) certification preferred but not required for initial hire.

7. Ability to perform the essential duties as listed below.

8. Ability to work in the conditions described below.

9. Ability to work with the equipment, tools, and material listed below.

(Please initial each item to indicate whether you are or are not capable of performing that duty).

YES	NO		
_____	_____	1.	Receive and transmit messages received by telephone, on radio or in person and locate personnel for fire and rescue emergencies throughout the county.
_____	_____	2.	Receive radio communications from offices and other county personnel associated with law enforcement and emergency services.
_____	_____	3.	Maintain verbatim written log of all communications and include information on time of call, unit calling, reason for call, response of the call and the result of the call. Take and relay messages as indicated.
_____	_____	4.	Maintain contact with on-duty patrol officers at least once per hour to ensure their safety. Patrol officers call in or the dispatcher calls the officer if the dispatcher has not heard from the officer within the allotted hour.
_____	_____	5.	Monitor teletype screen for messages and information and communicate necessary messages to deputies or other personnel as indicated. Responds to teletype messages as indicated. Submit messages through the teletype.
_____	_____	6.	Maintain a phone band and radios, take and relay information or messages and refer calls to the proper personnel as indicated.
_____	_____	7.	Assist in providing necessary directions and information.
_____	_____	8.	Maintain NCIC/NMCIC files. Maintain and retain teletype records based on messages printed from NCIC/NMCIC input or delete data as indicated.
_____	_____	9.	Contact area auto wrecker services as indicated and maintain record of all such contacts.
_____	_____	10.	Clean and maintain in proper working order all equipment necessary in performance of essential duties.
_____	_____	11.	Perform all duties with minimal to no supervision; only one dispatcher on duty at any given time.
_____	_____	12.	Employee may be required to work irregular hours, attend job related meetings, or perform other duties as assigned.

_____ _____ 7. Must maintain mental alertness in order to adequately handle fast pace and stress of job.

_____ _____ 8. Must use tact and courtesy in responding to all callers.

_____ _____ 9. Must be able to prioritize calls for response.

_____ _____ 10. Must have knowledge of county in order to access appropriate personnel for all response calls.

Physical Functions

_____ _____ 1. Must be able to sit for up to four hours at one time, up to 12 hours total per day.

_____ _____ 2. Must be able to stand/walk for short distances up to a total of two hours per day.

_____ _____ 3. Must be able to kneel, crouch, bend at the waist, and twist/ rotate at the waist on a minimal basis.

_____ _____ 4. Must be able to reach arms away from body or overhead to access dispatching equipment or manuals necessary to perform essential duties.

_____ _____ 5. Must be able to work with arms bent for up to four hours at one time and up to 12 hours per day.

_____ _____ 6. Must be able to life and/or carry paperwork or manuals weighing an estimated 5 pounds.

_____ _____ 7. Periodically lifts teletype paper or records for storage, up to a maximum of 50 pounds.

_____ _____ 8. Must be able to push/pull with arms with and estimated force of up to two pounds frequently throughout the day.

_____ _____ 9. Must be able to push with the legs and feet with an estimated force of 10 to 15 pounds in order to propel chair from one end of the dispatching room to the other.

_____ _____ 10. Must use hands and fingers in order to grasp/manipulate equipment necessary to perform essential duties such as writing utensils, telephone, paperwork, and manuals.

_____ _____ 13. Report to immediate supervisor or in his/her absence, to the designated shift supervisor.

_____ _____ 14. Refer all dispatch complaints to immediate supervisor.

_____ _____ 15. Ensure proper handling of all warrants.

Non-Essential Duties

_____ _____ 1. May be require to assist jailor with booking and inmate control as needed (Please see Jailor job analysis).

Other Requirements

_____ _____ 1. Employee must complete new-hire physical.

_____ _____ 2. Employee must comply with the safety guidelines of the County.

_____ _____ 3. Employee must be at least 18 years of age.

FUNCTIONAL ANALYSIS

(Please initial each item to indicate whether you are or are not capable of performing that duty).

Mental Functions

_____ _____ 1. Must be able to ask questions of supervisor and listen to and follow verbal directions in English.

_____ _____ 2. Must be able to read and understand written and verbal directions in English.

_____ _____ 3. Must be able to communicate clearly with all coworkers and the general public in both written and verbal formats.

_____ _____ 4. Must be knowledgeable of standard policies and procedures in responding to emergency situations.

_____ _____ 5. Must be able to use sound judgment and reason in responding to emergency and non-emergency situations.

_____ _____ 6. Must be mentally alert in order to change tasks or activities on a frequent basis or handle multiple tasks alone.

_____ _____ 11. Must be able to use fine finger dexterity and implement eye-hand coordination in order to operate switchboards and instrument keyboards in dispatch room.

_____ _____ 12. Must have basic knowledge of computers.

_____ _____ 13. Must have strong hearing and sight abilities in order to perform all essential duties.

Working Conditions

_____ _____ 1. All essential duties are performed indoors.

_____ _____ 2. Duties are performed in a temperature controlled environment.

_____ _____ 3. Worker is exposed to intermittent noise factors.

_____ _____ 4. Work is performed on an even surface which may be carpeted or tiled. Working surface is typically dry.

_____ _____ 5. Worker primarily works alone both with and without direction.

_____ _____ 6. Work hazards or potential work hazards include high pace and stress in job duties. Potential contact with violent criminals.

Equipment, Tools, and Materials

_____ _____ 1. Main equipment used in performing duties includes teletype, in-house computer, multiline telephone, multiline two-way radio, recording equipment, communication encoder, photocopy machine, road radio, and bank alarm.

_____ _____ 2 Material and products handled in performance of essential duties include logs, paperwork, various forms, writing utensils, and manuals.

_____ _____ 3. Must be able to use miscellaneous small office equipment.

Employee Declaration:

I have read the above Position Specifications. I understand the demands and expectations of the position described and, to the best of my knowledge, I believe I can perform these duties.

Name:_____Date:_____

Supervisor:_____Date:_____