



TORRANCE COUNTY

P.O. BOX 48, 205 Ninth Street, New Mexico 87016

Phone: 505.544.4757, 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 <input type="checkbox"/> No <input type="checkbox"/>	Number:	Commercial Driver's License ?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class:
3. Sheriff/Dispatch Applicants only: Have you been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain and provide dates:		
4. Have you previously worked or do you now work for Torrance County? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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	
<input type="checkbox"/> Vocational/Technical	Hours Completed	<input type="checkbox"/> Business College	Hours Completed
<input type="checkbox"/> School - Major Field		<input type="checkbox"/> 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 Specialization	Number	Date Issued	Exp. Date	Field/Trade Specialization	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 <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number _____	Driver's License Number _____ State _____
Are you willing to submit to a full background investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to a drug and alcohol screening? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to psychological testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently or have you been previously certified?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: _____

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: <input type="checkbox"/> Full-time <input type="checkbox"/> 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: <input type="checkbox"/> Full-time <input type="checkbox"/> 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: <input type="checkbox"/> Full-time <input type="checkbox"/> 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

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: <input type="checkbox"/> Full-time <input type="checkbox"/> 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: <input type="checkbox"/> Full-time <input type="checkbox"/> 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



**FAIR CREDIT REPORTING ACT
DISCLOSURE STATEMENT**
Employment or Insurance Purposes

Torrance County, when considering your application for employment or insurance, when making a decision whether to offer you employment or insurance, when deciding whether to continue your employment or insurance, and when making other decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency”. These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. You are a “consumer” with rights under the FCRA.

A “consumer” is an individual.

A “consumer reporting agency” is any person or business which for monetary fees, dues, or on cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing “consumer reports”.

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes or other purposes authorized under the FCRA.

If Torrance County obtains a “consumer report” about you, and if, based on any information in the consumer report, Torrance County makes a decision for employment, insurance or credit purposes that directly and adversely affects you, you may be provided with a copy of the “consumer report”. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies”.

Torrance County has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you:

In writing:

SAMBA Holdings, Inc.
1730 Montañó NW Suite F
Albuquerque, NM 87107

By phone:

1-800-947-2622

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]

- | | | |
|--|---|--|
| <input type="checkbox"/> Date of Hire | <input type="checkbox"/> Date of Termination | <input type="checkbox"/> Beginning Salary |
| <input type="checkbox"/> Ending of Salary | <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Vacation Time | <input type="checkbox"/> Sick Leave Time | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Performance Evaluations | <input type="checkbox"/> Disciplinary and Termination Records | |
| <input type="checkbox"/> 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, from 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, Date of Birth - Month/Day/Year, Circle Gender M or F

SUBSCRIBED AND SWORN BEFORE ME THIS

DAY OF, 20

NOTARY PUBLIC

My commission expires: , 20

(Seal)



Torrance County

Job Description

Job Title: Emergency Manager

Department: Civil Defense

Reports Directly to: County Manager

We conform to all the laws, statues, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic information & Testing, Family & Medical Leave, Protected Veteran status, or any other characteristic protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

Summary:

Under the direction of the County manager, the Emergency Management Director plans, organizes and directs the Emergency Management programs for the jurisdiction; acts as the community's representative on all Emergency Management matters; coordinates activities for the entire county which encompasses five incorporated areas as well as the outlying surrounding communities.

Responsibilities:

- Directs the planning, organizing and execution of local emergency management and homeland security activities, conferring as necessary with the County and State emergency management agencies and with neighboring emergency management directors to assure that its activities are an integral and coordinated part of the overall County, State and National programs.
- Advises county leadership, departments, and elected officials on emergency management related issues.
- Maintains and updates hazard mitigation, emergency response and recovery plans for community and mutual aid agreements with neighboring communities.
- Directs a public information program to keep all residents of the local jurisdiction informed about disaster preparedness activities.

- Organizes regular disaster exercises to test local emergency response agencies.
- Serves as the incident commander during emergency operation center activations, and carries out activities necessary to work with the other departments and agencies to identify the sufficient number of personnel to be trained. Determines staff for various units incorporated into the emergency operations center structure over multiple operational periods.
- Completes and submits disaster reports to state department of homeland security and emergency management.
- Directs a training program to prepare the Emergency Management organization for emergency operations. Attends Emergency Management training courses and workshops.
- Secures and maintains information regarding facilities and resources of the local jurisdiction and of neighboring mutual aid jurisdictions for use in emergency situations.
- Attends Local EM Director's Meetings sponsored by the department of health and department of homeland security and emergency management.
- Serves on numerous committees and groups to enhance the capabilities of internal and external departments, agencies, and organizations to prepare for, respond to, mitigate against, and recover from large scale emergencies or disasters assigned.
- Provides preparedness presentations to community, business, and industry groups.
- Develops after action reports and improvement plans according to homeland security exercise and evaluation program guidelines.

Knowledge skills & proficiencies:

- Knowledge of local government and tribal organizations in relation to the development and administration of emergency plans.
- Knowledge of disaster assistant programs and the funding process.
- Knowledge of incident management (NIMS) and interagency coordination at emergencies.
- Knowledge of emergency scene operations, activities and preparedness as it relates to emergency management planning, preparing, response, recovery, mitigation.
- Knowledge of principles of supervision and coordination of multiple public and private agencies.
- Ability to conduct critical research of threats related to natural and man-made hazards.
- Ability to evaluate situations and exercise good judgment in making decisions.

Requirements:

- Must be 18 years or older and in possession of a valid New Mexico Driver's License.
- Bachelor's degree from accredited college/university in emergency management, planning, communications, emergency services, business or public administration or related field.
- Experience in writing and managing emergency management related grants.
- Able to obtain required Federal Emergency Management Agency or State of New Mexico Certifications as an Emergency Manager within one (1) year of hire.
- Completion of FEMA professional development series within one (1) year of hire.
- Must be able to respond to emergency situations 24 hours a day/365 days a year.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or logical assignment to the position.

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, believe I can perform these duties.

Printed Name

Signature **Date**