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
   Equipment Operator
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 Specializatio	Number	Date Issued	Exp. Date	Field/Trade Specializatio	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

_____ 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)

POSITION SPECIFICATIONS

POSITION TITLE: EQUIPMENT OPERATOR
DIVISION: ROAD DEPARTMENT
SECTION:
REPORTS TO: ROAD **Foreman**
CLASSIFICATION:
WAGE LEVEL:
DATE JOB ANALYSIS COMPLETED:
DATE JOB ANALYSIS REVIEWED:

**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 accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate.

Minimum Qualifications

1. High School diploma or GED Certificate.
2. Experience in grader and loader operation preferred.
3. Ability to understand and communicate in English.
4. Ability to perform the essential duties as listed below.
5. Ability to work in the work conditions described below.
6. Ability to work with the equipment, tools, and materials listed below.
7. Commercial Driver's license (CDL) preferred.

Essential Duties

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

Yes No

___ ___ 1. Operates a variety of equipment including the following: Grader, front-end loader, track loader, dump truck, tank truck, pick-up, truck, tractor, brush hog, belly dump, service truck, pneumatic roller, transport tandem truck, and steel wheel roller. Operates snowplow when weather conditions warrant.

___ ___ 2. Repairs, constructs, scrapes, cleans, and fills a wide range of county-owned hard surface and dirt road, and ditches.

___ ___ 3. Removes snow from county-owned roads when warranted by weather conditions.

___ ___ 4. Dig, grades, and places conduit at various property entrances or under road to prevent or relieve flooding and wash-outs

___ ___ 5. Mows weeds and picks up trash when indicated.

___ ___ 6. Hauls and removes dirt and gravel from county owned roads.

___ ___ 7. Distributes salt/sand mixtures as weather conditions and safety warrant.

___ ___ 8. Uses tank truck to wet down dusty or hard road surfaces.

___ ___ 9. Patches hard road surfaces when indicated.

___ ___ 10. Maintains and services equipment on a daily basis.

___ ___ 11. Utilizes the following had operated tools: shovel, rake, axe, pick, pitchfork, chain saw, digging bars, hand held weed trimmer, sledgehammer, hand tools (e.g., hammer, screw-driver, wrenches), tamper, jackhammer, auger, and cutting torch.

___ ___ 12. Employee must perform all duties with minimal supervision. Employee may be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.

Non-Essential Duties

___ ___ 1. Acts as a mechanic on a daily basis.

___ ___ 2. Repairs tires approximately once a month-tires weigh between 200-300 pounds.

Other Requirements

(This section will be completed with criteria specific to each employer.)

___ ___ 1. Employee must comply with the safety guidelines of the county.

___ ___ 2. Employee must complete new hire physical. (etc.)

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 foreman, listen to and follow verbal directions in English. Must be able to read and understand written directing in English.

___ ___ 2. Must be knowledgeable of all traffic laws and regulations.

___ ___ 3. Must be able to communicate verbally with co-workers.

___ ___ 4. Must be able to read accurately all gauges on equipment and make correct judgements in operation of equipment.

___ ___ 5. Must be able to accurately estimate distances in order to maintain safety while operating equipment.

Physical Functions

___ ___ 1. Ability to lift 60 pounds occasionally (i.e.up to one-third of work day), from ground to waist level. Ability to lift up to 30 pounds frequently to constantly (e.e., from one-third up to entire work day), from ground to shoulder level.

___ ___ 2. Ability to sit up to four hours at one time, and up to seven and one-half hours total per day.

___ ___ 3. Ability to stand and/or walk to four hours at one time, and up to eight hours total per day.

___ ___ 4. Ability to climb in and out of equipment cabs at least six times daily at estimated height of six to seven feet.

___ ___ 5. Ability to crouch, kneel, and remain in a prone position for up to 30 minutes at one time, and up to one third of work day.

___ ___ 6. Ability to bend at waist and twist/rotate waist if necessary for up to one-third of work day.

___ ___ 7. Ability to work with arms extended and bent for up to four hours at one time, and seven and one-half hours total per day.

___ ___ 8. Ability to push/pull arms with a force of up to 5 pounds for up to four hours at one time, and seven and one-half hours total per day. Ability to push/pull with arms with a force of up to 50 plus pounds while performing labor work.

___ ___ 9. Ability to use hands and wrists to screw/unscrew oil caps and filters as part of maintenance routine.

___ ___ 10. Ability to maintain balance while climbing in and out of equipment cabs.

___ ___ 11. Ability to push with legs up to 40 pounds of force to operate foot controls for up to 4 hours at one time and seven and one-half hours total per day. Ability to twist-rotate legs while operating foot controls.

___ ___ 12. Ability to use hands and fingers to grasp/manipulate levers and steering wheel in a bilaterally coordinated manner.

___ ___ 13. Ability to coordinate use of hands and eye in operation of equipment.

<u>Working Conditions</u>

___ ___ 1. Performs work both indoors and outdoors. Most cabs are inclosed, and may or may not have heating and air conditioning units.

___ ___ 2. Temperature depends on weather conditions.

___ ___ 3. Worker is exposed to intermittent noise and vibration factors.

___ ___ 4. Worker is exposed to exhaust fumes, dust, and mists.

___ ___ 5. Work is conducted primarily during daylight hours.

___ ___ 6. Work is performed on even or uneven terrain, while both operating equipment and performing general labor work. Surface may be wet or dry, on hard surfaces or dirt roads. Grease or oil my be found on working surfaces. Word may be performed on inclines

___ ___ 7. Work hazards include gas/electrical lines, and exposure of skin to gasses and fumes.

___ ___ 8. Worker primarily performs duties with one or two other workers.

Equipment, Tools and Materials

___ ___ 1. See equipment and hand-operated tools noted in Essential Duties section.

___ ___ 2. Petroleum products, grader blades, tire chains, construction signs, paint, water, weeds, salt, sand, canvas.

___ ___ 3. Eye goggles, gloves, reflecting vests, cones, and flags are used as safety precautions.

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.

Name: _____ Date: _____

Supervisor: _____ Date: _____