



# TORRANCE COUNTY

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

Phone: 505.246.4752, Fax: 505.384.5294

[www.torrancecountynm.org](http://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"/> Commercial Driver's License?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class: _____ Number: _____
3. 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 <b>ATTACH A COPY OF DIPLOMA OR CERTIFICATE</b>	
<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:

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**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: \_\_\_\_\_

<b>1</b>	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:				
<b>DO NOT WRITE IN THIS AREA</b>				
YEARS MONTHS				
Reason for Leaving:				

<b>2</b>	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:				
<b>DO NOT WRITE IN THIS AREA</b>				
YEARS MONTHS				
Reason for Leaving:				

<b>3</b>	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:				
<b>DO NOT WRITE IN THIS AREA</b>				
YEARS MONTHS				
Reason for Leaving:				

## 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:				<b>DO NOT WRITE IN THIS AREA</b>
				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:				<b>DO NOT WRITE IN THIS AREA</b>
				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.

## 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: \_\_\_\_\_







**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



## **Torrance County Job Description**

**Job Title:** Executive Assistant

**Department:** Manager

**Reports to:** County Manager

**FLSA Status:** Non-exempt

**Prepared By:** A. Ortiz

**Approved By:** J. Ansley

We conform to all the laws, statutes, 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**

To perform a wide variety of responsible and complex administrative duties in support of the County Manager, Deputy County Manager and all other departments, as needed. To provide financial assistance to a variety of departments and the county commission; and to provide information and assistance to the public regarding departmental policies and procedures.

Receives general supervision from the County Manager and Deputy County Manager. This position does not contemplate direct supervision by the employee of other employees.

### **KEY DUTIES AND RESPONSIBILITIES:**

1. Coordinate and provide administrative, organizational and clerical support services for the County Manager, Deputy County Manager and all other departments, as needed. Such support includes but is not limited to creating and preparing internal correspondence, copying and faxing information, arranging appointments, maintaining program files, mail distribution, prepares outgoing mail and answering and directing phone calls.
2. Assist in the compilation, preparation and distribution of County Commission agendas and packets.
3. Greet visitors and/or County employees; provides assistance in directing individuals appropriately.
4. Respond to public inquiries in a courteous manner; provide information on departmental and county policies and procedures as needed.
5. Writes, types or enters information into computer to prepare correspondence, bills, statements, receipts, checks or other documents.

6. Demonstrates continuous efforts to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless customer service.
7. Answer the telephone and assist the general public; provide information on departmental and county policies and procedures as needed.
8. Screen office and telephone callers; respond to requests for information on regulations, procedures, systems and precedents relating to assigned responsibilities.
9. Maintain a calendar of activities for County manager, Deputy County Manager and meetings of the Commission, department heads and various boards and committees established by the Board of County commissioners from time to time.
10. Coordinate activities with other County Departments, the public and outside agencies; make travel arrangements as required for the County manager, Deputy County Manager, County commission and other department heads as necessary.
11. Monitor and process purchase orders and bills to be paid on a daily basis.
12. Perform a wide variety of general clerical work including the maintenance of accurate records and files; verify accuracy of information, research discrepancies and record information.
13. Stamps, sorts and distributes mail.
14. Organizes and maintains file system, and files correspondence and other records.
15. Assists in the maintenance of personnel and payroll files. This includes filing and organizing files.
16. Updates forms and assembles orientation packets.
17. Conducts new employee orientations.
18. Completes all Verification of Employment Requests.
19. Operate a variety of office equipment including telephones, copiers, facsimile machines and computers; input and retrieve data and text; organize and maintain various filing.
20. Maintain and requisition materials and supplies as required; check office supplies, stock materials and supplies.
21. Participate in the duties relating to the County Manager's Office and Finance Department.
22. Assist in a variety of department operations; perform special projects and assignments as directed.
23. Contact the public and outside agencies in acquiring, and providing information.
24. Prepares, issues, and sends out receipts, bills, policies, invoices, statements, and checks.
25. Assists with Human Resources functions to include all aspects of recruitment, hiring, classification and compensation, insurance and benefits, labor relations, personnel records and regulatory compliance services provided to County.
26. Prepare, type and proof read a variety of documents including general correspondence, agendas, reports memorandums, rough drafts and verbal instructions.

**KNOWLEDGE OF:**

County organization and operations.

Operations, services and activities of a finance department.

Knowledge of human resource or personnel procedures.

Ability to:

Perform detailed clerical and administrative work with accuracy and speed; , compose correspondence and accurate reports with directions; analyze situations accurately and take appropriate action; communicate effectively in English; follow and give oral and written directions; perform mathematic calculations with accuracy; apply County policies and procedures as needed; interact with other employees, Elected Officials and the public

in a helpful, courteous and friendly manner; maintain effective working relationships; demonstrate sensitivity to and respect for a diverse population. Must maintain a high level of confidentiality. Must safeguard employee information and comply with HIPAA regulations.

**COMPETENCIES**

To perform the job successfully, an individual should demonstrate the following competencies:

Customer Service - Manages difficult or emotional customer situations; Responds promptly to customer needs; Responds to requests for service and assistance; Meets commitments.

Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Keeps emotions under control.

Written Communication - Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information.

Ethics - Treats people with respect; Upholds organizational values.

Professionalism - Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions.

Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent.

Dependability - Follows instructions, responds to management direction

The job description has been designed to indicate the general nature and level of work performed by the employee within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all the duties and responsibilities required of the individual assigned to this position. At the discretion of the Superintendent and/or County Manager the job duties can increase and/or decrease.

**Applicant 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. I understand that I must perform any additional job functions, whether they are or are not defined in these specifications, as required by my supervisor as long as it does not violate the law.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_