



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:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA YEARS MONTHS

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:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA 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:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA 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

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: _____



Request for Background Check

Account #013415

Social Security Number

--	--	--	--	--	--	--	--	--

Date of Birth

MONTH		DATE		YEAR					

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Torrance County ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date



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)



**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 Montano NW Suite F
Albuquerque, NM 87107

By phone:

1-800-947-2622



JOB DESCRIPTION

Job Title: Firefighter EMT
Department: Fire
Job Code: Full Time Firefighter-Temp.
Pay Status: FLSA Non-Exempt
Pay Range: 24,000.00 to 26,000.00 Annually
Deadline to Apply: Open until filled
Reports To: Fire Chief

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/Objective

This position provides a range of services designed to protect the lives and property of the citizens of Torrance County from adverse effects of fires, sudden medical emergencies or exposure to dangerous conditions created by either man or nature, under the supervision of the County Fire Administration. This position will serve in a probationary capacity for six months from the date of hire and will be a two year term position.

ESSENTIAL FUNCTIONS

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

DUTIES AND RESPONSIBILITY:

- Respond to EMS calls for service in a timely manner.
- Connects apparatus hoses; controls and extinguishes fires; operates hose lines; makes forced entries; ventilates structures and performs or assists in rescue operations.
- Responsible to respond on all units to which assigned.
- Responsible for carrying out all orders from supervisors.
- Responsible for developing a productive working relationship with volunteer chiefs, officers and firefighters.
- Operate as a member of a team and independently, at incidents of uncertain duration.
- Learn a variety of technical skills, including but not limited to: proper care and use of SCBA, search and rescue operations, ground ladders, pump operations, hose lays, fire streams, hand and power tool operations, ropes and knots, forcible entry and vehicle extrication.
- Renders emergency medical treatment at current certified skill level.
- Moves, carries and transports all victims and patients.
- Learn computer skills necessary to submit reports of fire and rescue calls.
- Learn how to properly file building and equipment maintenance reports.

- Obtain EVO certification and operate assigned vehicles in a safe manner with due regard for the public.
- Perform routine maintenance work on county property and equipment.
- Participate in drills and training classes as assigned.
- Learn to operate all department radio communication equipment.
- Gain knowledge of response area geography and streets to accepted department standards.
- Perform company inspections on public and privately owned buildings.
- Must satisfactorily complete and pass all exams, practical drills, activities and assessment.
- Keep immediate supervisor and volunteer chief officers fully and accurately informed on all issues.
- Conduct behavior at all times in a professional manner to reflect positively on the Fire Department and the County of Torrance.
- Drive apparatus to scene of emergencies.
- Perform other department activities as assigned.

MINIMUM EDUCATION AND EXPERIENCE REQUIRED:

- Must be a United States citizen and possess a High School Diploma or GED Certificate.
- Must be at least **18** years of age.
- Must have a NM driver's license class E or A within ten days of employment (or equivalent).
- Have a good driving record to meet the County of Torrance driving requirements.
- Must successfully pass a written exam, physical agility test, and an oral interview.
- An honorable discharge from any military service, if served in the military.

PREFERRED KNOWLEDGE, SKILLS AND ABILITIES:

- Ability to perform daily duties with moderate supervision following established procedures, guidelines and deadlines. Depending on experience, may make decisions in non-routine situations requiring judgment.
- Ability to maintain strict confidentiality of inner department functions and practices.

LICENSURES AND CERTIFICATIONS REQUIRED:

- Must have a New Mexico EMT certification (at least First Responder level or in process) at time of conditional job offer.
- Must have AHJ or IFSAC FF1 certification at time of conditional job offer.
- Must have a valid NM driver's license class E or A within ten days of employment (or equivalent).
 - Meet requirements of fire apparatus driver's operator, within one year.

OTHER CONDITIONS OF EMPLOYMENT:

- Ability to perform essential functions and adapt to working conditions.
- No history or pattern of reckless driving, DWI/DUI or irresponsible driving in the last three years.
- No history of felony misdemeanor conviction involving moral turpitude, violence, distribution of controlled substance or dishonesty.
- Must undergo a background investigation.
- Must successfully pass an oral interview.
- Must have no convictions in any court of theft, driving while intoxicated, any controlled substance charges, a major moving violation, or three minor violations within the last 3 years.

- Must attend and complete a Firefighter Academy or ISFAC Firefighter I course (if not already certified).

WORKING CONDITIONS:

Position functions 50% in an office environment with no notable adverse environmental conditions factors and 50% outside in all types of weather conditions and varied environments involved in emergency response. Protective clothing/devices used include: hearing protection, biohazard protection (safety goggles, face mask, latex gloves). Frequent use of a personal computer requiring hand coordination, motor skills, talking, hearing and strong visual acuity sufficient to perform essential job functions. Occasional bending, stooping, kneeling, reaching above and below shoulder level and lifting EMS and fire equipment/supplies up to 80 lbs.

COMPETENCIES:

1. Ethical Conduct.
2. Stress Management/Composure.
3. Problem Solving/Analysis.
4. Communication Proficiency.
5. Strategic Thinking.
6. Teamwork Orientation.
7. Diversity and Inclusion.
8. Technical Capacity

WORK ENVIRONMENT:

This job operates in a professional office environment. This role routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines. While performing the duties of this job, the employee occasionally works in outside weather conditions. The employee is occasionally exposed to wet or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat and vibration. The individual may be exposed to blood or other potentially infectious materials during the course of duties.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is frequently required to sit; talk; hear; stand; walk; use hands and fingers to feel, handle, or operate objects, tools or controls; and reach with hands and arms. The employee is occasionally required to climb, balance, stoop, kneel, crouch, crawl, taste and smell.

The employee must frequently lift or move up to 10 pounds and occasionally lift or move up to 130 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

TRAVEL

Travel is primarily local during the business day, although some out-of-area travel and overnight may be expected.

PREFERRED EDUCATION AND EXPERIENCE:

Experience working with the public and media.

Knowledge of County Volunteer Fire organization and operations desired.

*Please note 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 of the work is similar, related or a 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