



# 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 <input type="checkbox"/> No <input type="checkbox"/> <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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<b>SHERIFF AND/OR DISPATCH APPLICANTS ONLY</b>	
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: \_\_\_\_\_

**FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET**

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

<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:				

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

<p><b>I hereby certify</b> 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.</p> <p>Sign Here in Ink _____ Date _____</p>
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**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:				<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

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





**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)

## Job Specifications

**Position Title:** Custodian/Janitor ;  
**Department:** Maintenance  
**Reports To:** County Manager

**\*\*Note** You are not required to disclose information about physical or mental limitations that you believe will not interfere with 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

(Please initial each item to indicate whether you possess or do not possess that minimum qualification.)

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. High School Diploma or GED required.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Must possess a valid New Mexico driver's license.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Ability to use various hand tools and operate equipment.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Ability to understand and communicate in English.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Ability to perform the essential duties listed below.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Ability to perform essential duties in the work conditions described below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Ability to work with the equipment, tools and materials listed below.       |

**Essential Duties**

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

Yes No

- 1. Performs landscaping duties such as planting and watering vegetation, pruning, fertilizing, and mowing grass.
- 2. Ability to inspect inside facility for needed repairs and reports to County Manager.
- 3. Utilizes the following cleaning tools and equipment: vacuum, wet mop and bucket, squeegee.
- 4. Employee may be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.
- 5. Responsible for performing various building maintenance duties to include moving furniture as necessary, washing outside windows, mopping hallways and meeting rooms; bathrooms, main County building bathrooms; collects and disposes of garbage in courthouse and District Attorney's Office; sets up meeting rooms for meetings; and keeps an adequate amount of cleaning and paper supplies on hand.
- 6. Must clean and maintain the District Attorney's Office.

**Other Requirements**

Yes No

- 1. Employee must successfully pass physical examination.
- 2. Employee must comply with the employer's personnel and infectious disease exposure control policies.

**FUNCTION ANALYSIS**

**Mental Functions**

Yes No

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

*Maintenance Foreman Job Specifications Cont.*

- 2. Must be able to communicate verbally with County personnel.
- 3. Must be able to read accurately gauges on equipment and safely use all tools and equipment. Must be capable of making correct judgments in the operation and use of such tools and equipment.
- 4. Must possess basic math skills to accurately compute costs and materials needed.
- 5. Must be able to accurately estimate distances in using tools and equipment.

**Physical Functions**

(Occasional = up to 33%; Frequent = up to 66%; Constant = up to 100%)

Yes No

- 1. Ability to lift up to 50 pounds occasionally (up to 1/3 of workday), from ground to waist level. Ability to lift up to 100 pounds with assistance, occasionally from ground to waist level. Ability to lift up to 5 pounds occasionally, from ground to overhead. A power saw weighing 18 pounds and watering hoses weighing 11 pounds; each are carried throughout the grounds on a daily basis.
- 2. Ability to stand and/or walk up to 4 hours at one time, and up to 6 hours total per day.
- 3. Ability to sit up to 2 hours in a day with intermittent breaks.
- 4. Ability to kneel up to 1 hour a day with intermittent breaks.
- 5. Ability to crouch up to 1 hour a day with intermittent breaks.
- 6. Ability to climb and crawl up to 1 hour in a day with intermittent breaks.
- 7. Ability to reach in front of and overhead frequently (up to 2/3 of workday), and arms extended occasionally. Ability to twist and rotate arms occasionally.
- 8. Ability to twist and rotate at waist occasionally.

*Maintenance Foreman Job Specifications Cont.*

- 9. Ability to push/pull with arms with a force of up to 10 pounds frequently, with a force of up to 50 pounds rarely, when moving furniture and other heavy equipment.
- 10. Ability to balance when on a ladder or climbing as needed.
- 11. Ability to use hands to grasp/manipulate objects frequently and use fingers in fine work occasionally. Ability to use hands and arms in a bilaterally or vertically coordinated manner on an occasional basis throughout the work day.
- 12. Ability to coordinate eyes and hands frequently throughout the workday.

**Working Conditions**

Yes    No

- 1. Performs work both indoors and outdoors. During the Spring and Summer, time may be split 50% inside, 50% outside. During the Winter, estimated 70% of the time spent inside, while 30% is spent outside.
- 2. Temperature depends on weather conditions.
- 3. Worker is exposed to intermittent noise and vibration factors.
- 4. Worker is exposed to paint and gas fumes, dust, humidity, and sewer gas odors.
- 5. Worker primarily works during daylight hours; however, is subject to call 24 hours per day.
- 6. Worker may work on even or uneven surfaces, carpet, tile, asphalt, concrete, or natural ground. The surfaces may be dry, wet, greasy, or dusty. Worker may work on inclines, ramps, scaffolding, and ladders.
- 7. Worker will work primarily without direction; works with one other person.
- 8. Hazards, or potential hazards, may include lifting of heavy equipment, or falling.

*Maintenance Foreman Job Specifications Cont.*

**Equipment, Tools, and Materials**

Yes . No

- \_\_\_    \_\_\_    1. Hand and power tools, plumbing tools, paint brushes and rollers, scrapers, push lawn mowers, wheelbarrows, vacuum, wet mop and bucket, squeegee, hedge clippers, shovels, and rakes.
- \_\_\_    \_\_\_    2. Worker may handle cleaning solvents, petroleum products, insecticides, fertilizers, paints and thinners, wood, metal, steel, plastic, water, and paperwork.

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