



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
2. Do you have a valid NM driver's license?: Commercial Driver's License?: Number: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Class:
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"/> 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 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 <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

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
				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>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.</p> <p>Sign Here in Ink Date</p>

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

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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 | |
-
- 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)



POSITION SPECIFICATIONS

POSITION TITLE: Float Clerk

REPORTS TO: County Manager

Summary: Employee acts as a substitute office clerk when coverage is needed in any of the County Administrative Offices. Employee may be required to work 40 hours per week, or may work as little as 0 hours per week, as scheduling allows. Employee is not guaranteed to work consecutive days or hours.

Minimum Qualifications

1. High School diploma or GED required.
2. Valid New Mexico Drivers License.
3. Knowledge of accounting and computer operations
4. Ability to type 70 words per minute.
5. Ability to understand and communicate in English.
6. Previous work experience in customer relations.
7. Considerable knowledge of County policies & procedures, office procedures, data collection.
8. Create reports, compose letters and transcribe minutes.
9. Ability to perform the essential duties listed below.
10. Ability to work with the equipment, tools, and materials listed below.

Essential Duties include the following. Other duties may be assigned.

Provides clerical office assistance by scheduling appointments, giving information to callers, and otherwise relieves officials of clerical work and minor administrative and business detail by performing the following duties.

Greet visitors and/or County employees; provides assistance in directing individuals appropriately.

Answers phone, takes messages, and/or gives information to the public.

Assists with the general office duties. This entails all aspects related to specific office as assigned.

Responsible for maintaining a current index of all plats filed in the County Clerk's Office.

Prepares daily receipts reports to Treasurer and Balance Daily.

Assist Elected Officials, Department Heads and/or Supervisors in all aspects of the office.

Assists at counter to meet, greet, and assist public in registration of various documents. Obtains copies of documents and collects fees. Inputs information into computer for indexing purposes.

Writes, types or enters information into computer to prepare correspondence, bills, statements, receipts, checks or other documents, copying information from one record to another.

Makes copies of and/or scans correspondence or other printed materials.

Reads and routes incoming mail. Locates and attaches appropriate file to correspondence to be answered by employer.

Addresses envelopes or packages. Stuff envelopes by hand.

Answers and screens telephone calls, and arranges conference calls; conveys messages and runs errands.

Prepares outgoing mail and correspondence, including e-mail and faxes; distributes mail and incoming faxes.

Stamps or numbers forms by hand or machine.

Takes dictation/minutes and transcribes notes on typewriter or computer, or transcribes from voice recordings.
Composes and types routine correspondence.

Organizes and maintains file system, and files correspondence and other records.

Orders and maintains supplies, and arranges for equipment maintenance. This includes filing and organizing files.

Other Requirements

Employee must comply with the safety guidelines of the employer.

Functional Analysis

Must be able to use reason and judgment in performing essential duties.

Must be able to plan and prioritize own work, as well as work of subordinates as needed.

Must be able to read and write in English. Must be able to communicate orally in English.

Must be able to listen and follow verbal directions in English. Must be able to give verbal and written orders in English.

Must be able to apply clerical and administrative knowledge and skills to activities within the County Clerk's Office.

Must be able to analyze and interpret mathematical information in written or diagrammatic form.

Must be able to make some decisions based on reason, sound, judgment, verifiable facts, and personal experience.

Must be able to plan for long range or future projects.

Must be able to deal with individuals and groups of people of diverse interests in emotionally charged situations.

Physical Functions

Must be able to sit for up to 4 hours at one time or 8 hours total per workday.

Must be able to crouch for short, intermittent periods up to a total of 30 minutes per workday, to perform such activities such as filing documents and paperwork.

Position involves sitting as the primary work position; however, standing and walking may be required intermittently during the workday, an estimated minimum of 30 minutes at one time.

Must be able to bend at waist minimally throughout the day; typically no more than 2-3 times during the workday.

Must be able to use arms to carry up to 30 pounds for a distance of 20 feet and estimate of 10 times per day.

Must have the ability to use arms to reach overhead, a weight estimated from 5-10 pounds no more than 10 times per day.

Must be able to work with arms bent constantly throughout the workday.

Must be able to lift 30 pounds horizontally on an occasional basis during the workday.

Must be able to use hands and fingers to grasp/manipulate equipment, tools and materials used in the performance of essential duties. Machines may vary from voting machines to office machinery, and tools may vary from hand tools used to fix voting machines to basic office supplies.

Must be able to coordinate use of hands and eyes in operation of vehicle, use of office machinery, and assisting in working on voting machines.

Working Conditions

Essential duties are performed indoors.

Indoor temperature is controlled.

Worker performs some duties alone, both with and without direction from supervisor. Worker also performs certain duties as a part of a group.

Work hazards, or potential work hazards and the possibility of assisting with heavy lifting and pushing.

Equipment, Tools and Materials

When performing office duties, the worker utilizes various equipment such as: computer terminal and keyboard photocopier machine, fax machine, and optical file machine.

An automobile is occasionally used for job-related tasks outside the primary work location.

Materials handled when performing essential duties include a wide variety of paperwork, basic office supplies to include writing utensils, staplers, file folders etc.

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: _____ Date: _____

Signature: _____
