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
   Part-time Home Visitor
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 Specializatic	Number	Date Issuec	Exp. Date	Field/Trade Specializatic	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

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)

Torrance County

Torrance County Project Office

JOB DESCRIPTION

JOB TITLE: TCPO/TCHVP Home Visitor

SALARY: Part-time $18.00 per hour up to 19 hours per week

SUMMARY:

The Home Visitor provides in-home visiting thru the Torrance County Home Visiting Program. The population served begins as early as during pregnancy and service is provided until a child reaches age 3. The Home Visitor will carry a case load of 7+ families and will be expected to eventually provided 8 in-home visits per week. Travel will be required within the community for home visits and other duties related to the position. Mileage directly related to a home visit and training is reimbursed. This is a grant funded position and the funding is secured thru June 30, 2014.

Knowledgeable of family health and social services in rural New Mexico helpful.

QUALIFICATIONS:

1. Associates or Bachelors Degree in Early Childhood Studies or Social Services preferred. Two years' experience working with children and families in a rural setting will substitute for two years of college.
2. Early childhood work experience and some knowledge of infant mental health desired
3. Reliable personal transportation and vehicle insurance required
4. Proficient knowledge of computers and use of data base applications required
5. Strong oral and written communication skills required
6. Ability to work with persons of diverse ethnic, gender, or socioeconomic backgrounds with cultural competency and sensitivity.

DUTIES AND RESPONSIBLITIES

1. Training in Home Visiting program protocol, procedures and curriculums ongoing

2. Help support relationships with local social service providers
3. Represent TCPO Home Visiting Program at community, regional, and state meetings as required
4. Manage Home Visiting caseload and maintenance of client files and information in program data base
5. Participate in all training activities as required by contractual agreements in consultation with TCPO Director and Home Visiting Manager.
6. Perform other duties as assigned

Applicant Declaration:

I have read the above position specifications. I understand the demand and expectations of the position described and, to the best of my knowledge, believe I can perform these duties.

_____ _____

Printed Name Date

Signature: _____

Comments:

_____

_____