



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?: Yes <input type="checkbox"/> No <input type="checkbox"/> | Commercial Driver's License?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class: | Number: |
| 3. | | |
| 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: _____

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 |

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: _____

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, from 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, Date of Birth - Month/Day/Year, Circle Gender M or F

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 Montañó NW Suite F
Albuquerque, NM 87107

By phone:

1-800-947-2622



POSITION SPECIFICATIONS

POSITION TITLE: Part Time Tax Specialist I

REPORTS TO: County Treasurer

DATE: 08/2017

REVIEWED BY: Tracy Sedillo

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.

MINIMUM QUALIFICATIONS:

- High School Diploma or GED required.
- Must have a valid New Mexico's Driver's license.
- Work experience in office and field setting preferred.
- Ability to understand and communicate in English.
- Knowledge of basic math.
- Knowledge of map descriptions.
- Knowledge of how to properly operate calculators, computers and other office equipment.
- Knowledge of filing systems and various office routines.
- Ability to accept and carry out orders from Treasurer, Chief Deputy Treasurer and/or other supervising staff
- Ability to perform the essential duties listed below.
- Ability to perform the essential duties in the work conditions described below.
- Ability to work with the equipment, tools and materials listed below.
- Ability to effectively communicate with co-workers, customers and other offices.
- Must know how to use Microsoft Office software applications.
- Knowledge in tax collection preferred.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Assist customers either in person, on the telephone and/or via email in a courteous and helpful manner. Receives monies for payment of taxes at the counter and by mail and processes all payments accurately. Verify that the amounts listed on tax bills and checks for payments are equal, and prepare payments to be entered into the computer system. Balance daily income with report and make deposits. Post payments and create bank deposits daily. Prepares miscellaneous and tax receipts.

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, I believe I can perform these duties.

NAME: _____

DATE: _____

SUPERVISOR: _____

DATE: _____