



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

| | | | | |
|--|---|---|--|---------------------------|
| 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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 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: <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 |

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 | |
-
- 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_____



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

Job Specifications

POSITION TITLE: PREVENTION SPECIALIST, TEEN COURT CLERK

DEPARTMENT: DWI

REPORTS TO: DWI COORDINATOR

Specifications are not intended to reflect all duties performed within the job.

JOB SUMMARY – The prevention specialist/teen court position is a 20+ hour per week grant-funded position, funded by the Torrance County Local DWI Grant.

ORGANIZATION – The prevention specialist/teen court clerk reports directly to the DWI Program Coordinator, under the direction of the Torrance County Substance Abuse Prevention Task Force, Torrance County Manager and New Mexico Department of Finance and Administration/Local Government Division.

QUALIFICATIONS – The minimum requirements of this position include:

Must possess a high school diploma or GED Certificate

Must be 18 years or older.

Must possess of a valid New Mexico driver's license;

Proficient in Office 2013, including Word and Excel;

Ability and desire to work with children, teenagers and adults;

Ability to work independently and without direct supervision and to be able to follow written or oral instructions;

Availability for court a minimum of four evenings per month;

Maintenance of a drug free lifestyle, with no criminal background;

Professional behavior and positive attitude;

Possession of or ability to obtain certification as a Certified Prevention Intern within 12 months of hire;

A combination of experience in areas of youth programs preferred. Experienced with community-based organizations and knowledge of Torrance County DWI programs preferred;

Access to a reliable vehicle, as some travel is required;

Ability to work occasional weekends;

Bilingual is preferred;

Must possess good organizational skills;

Willingness to interact positively with a diverse population.

WORKING CONDITIONS

Environmental conditions will include office and classroom settings, as well as outdoor settings.

Physical conditions – essential and marginal functions require maintaining physical condition necessary for sitting and standing for prolonged periods of time. On occasion, some lifting, bending and stooping will be necessary.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The prevention specialist/teen court clerk is responsible for assisting the Teen Court Coordinator.

In that capacity, the prevention specialist/teen court clerk will handle paperwork on court nights, at the direction of the Teen Court Coordinator. The paperwork will include logging attendance and answering questions of teen court defendants and/or their parents.

The prevention specialist/teen court clerk will be responsible for assisting the DWI Coordinator and Teen Court Coordinator in providing prevention education to Torrance County youth. In that capacity, the prevention specialist/teen court clerk will:

- Receive certification in the MADD evidence-based prevention program, Protecting You/Protecting Me;
- Upon completion of training, teach Protecting You/Protecting Me to local youth;
- Become a member of – and maintain membership in – the New Mexico Prevention Network;
- Take the necessary classes required to receive recognition as a Certified Prevention Intern;
- Submit written reports to the DWI Coordinator, detailing prevention education and activities provided to the community

The prevention specialist/teen court clerk will serve as a DWI School facilitator for offenders who have been mandated to attend by the courts. In that capacity, the prevention specialist/teen court clerk will meet all requirements as set forth by the New Mexico Department of Transportation. This will include:

- Completion of an application to the NMDOT for an original facilitator's license;
- Completion of a Request for MVD Limited Driving History form; and
- Completion of an Authorization for Release of Information by the New Mexico Department of Public Safety so that the Traffic Safety Division can obtain the applicant's state criminal background check directly.

The prevention specialist/teen court clerk will agree to abide by all rules and regulations as set forth by the Torrance County DWI Program and all rules and regulations as set forth by the Torrance County Personnel Policy.

CONFIDENTIALITY

In situations requiring referral for substance abuse screening, treatment or testing, the prevention specialist/teen court clerk agrees to comply with the requirements and regulations of the federal Health Insurance Portability and Accountability (HIPAA) act of 1996.

Any confidential information provided to or developed by the prevention specialist/teen court clerk in the performance of his/her duties shall be kept confidential and shall not be made available to any individual or organization without the prior written approval of both the Torrance County DWI Coordinator and the Torrance County Manager.

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: _____

Signature: _____
