



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"/> Number: _____ 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
<input type="checkbox"/> School - Major Field		Hours Completed
		<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 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: <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

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

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: <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 | |
| <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_____



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 Montano NW Suite F
Albuquerque, NM 87107

By phone:

1-800-947-2622

Job Specifications

Position Title: Sheriff Deputy
Department: County Sheriff's Department
Reports To: Torrance County Sheriff
Entry Level Salary:

****NOTE** You are not required to disclose information about physical or mental limitations that you believe will not interfere 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 provided and suggest the kind of accommodation that you believe would be appropriate.

Minimum Qualifications

(Please initial each item to indicate wheter 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 Complete New Mexico Law Enforcement Academy training within on year of hire. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Previous law enforcement experience or reserve training preferred. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Must possess a valid New Mexico Driver's License, with no prior DWI's In Addition, no prior misdemeanors or felonies. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Ability to communicate in English orally and in writing. Basic oral communication skills in Spanish preferred. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Ability to qualify and maintain, proficiency with firearm for both day & night. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Must have good vision, hearing, and reflexes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Ability to handle stress and respond appropriately in stressful situations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Ability to pass the Sheriff's Deputy Entrance Exam, which includes: a physical agility test, a written exam, and an oral review board. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Ability to perform the essential duties listed below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Ability to perform the essential duties in the working conditions described below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | 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. Perform a wide range of duties, as assigned, to enforce various laws and ordinances, and to protect the general public's constitutional rights, as provided for under county, state, tribal, and federal laws. |
| ___ | ___ | 2. Works from rotating shift patrol assignments, to operate a patrol vehicle in a designated district of the county, with full responsibility for proper personal conduct and enhancement of the county's police image, while carrying out the duties of law enforcement being ever mindful of the constitutional rights of the citizenry, both on and off duty. Maintains radio contact in accordance with regulations. |
| ___ | ___ | 3. Duties may involve routing traffic control in areas not afforded normal police protection, as well as in certain Pueblos under contract to the county. |
| ___ | ___ | 4. Routine traffic control may involve the apprehension of persons apparently disobedient of traffic and driving laws and regulations. |
| ___ | ___ | 5. Assist in the operation of checkpoints and roadblocks to apprehend escaped or wanted criminals, DWI's, an unlicensed or otherwise illegal vehicle operator, drug traffickers, etc. |
| ___ | ___ | 6. May also be called upon to investigate domestic difficulties, highway accidents, and other situations needing attention. |
| ___ | ___ | 7. Coordinates and cooperates as necessary with other policing agencies. This may involve special conditions such as undercover personnel involving drugs and other related instances and investigations involving homicide, and other felony investigations. |
| ___ | ___ | 8. Must be able to correctly judge situations and determine appropriate level of force to be utilized. |
| ___ | ___ | 9. As necessary, off-duty personnel may be called in to work. |
| ___ | ___ | 10. May be called as a witness in a court of law. |
| ___ | ___ | 11. Prosecute minor misdemeanor offences, such as traffic violations and DWI's. |
| ___ | ___ | 12. Transports detained persons to court to detention centers. |
| ___ | ___ | 13. Protects or escorts witness or victims assigned to them. |
| ___ | ___ | 14. May also be assigned to provide escort service for parades, or in the movement of major vehicles or projects over highways where safe passage is required. |
| ___ | ___ | 15. Deliver Summons, other writs and documents. |
| ___ | ___ | 16. Remains constantly aware of various laws and related changes, making investigations within own authority, and communicates information to higher authority, and to protect evidence until released. |

- 17. Served in the area of animal control, perhaps impounding animals, setting up traps, and disposal.
- 18. May be required to administer first aid.
- 19. Files various reports in an adequate manner, ensuring proper details.
- 20. Employee must perform all duties with minimal supervision. Employee may be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.

FUNCTION ANALYSIS

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

Other Requirements

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Employee must be able to communicate orally and in writing in English. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Must be able to read such items such as novels, magazines, atlases, and encyclopedias. In addition, must be able to read and understand safety rules pertaining to the maintenance of tools and equipment (per sel. Char.) defined in the dictionary of Occupational Titles (sel.char.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Must be able to speak before a group of people, using correct English (per sel. Char.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Must be able to write reports and essays in proper format, using correct punctuation, spelling and grammar (per sel.char.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Must be able to compute discount, interest, profit, and loss. Must understand such concepts as commission, markups, and selling prices (per sel.char.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Must be able to understand such concepts as ratios and proportions, and percentages (per sel. char.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Must be knowledgeable of all traffic laws and regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Must be able to read accurately all gauges on tools and equipment, and make |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Must be able to accurately estimate distances in order to maintain safety while operating equipment. |

Physical Functions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Ability to sit up to four hours per day, with intermittent walking and standing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Ability to walk up to four hours a day, with intermittent standing and sitting. Ability to stand up to one hour per day, with opportunity to walk and sit Intermittently. |

- 3. Ability to climb, crawl, crouch, kneel, bend, and rotate waist, and remain in a prone position during an emergency situation.
- 4. Ability to carry ten pounds on waist and five pounds on chest all day.
- 5. Ability to work with arms bent up all day, and arms extended up to one-third of work day. May be required to work with arms extended for a longer period of time during an emergency situation.
- 6. Ability to push and pull with arms with force up to 50-plus pounds during an emergency situation. In addition, must be able to twist and rotate arms during an emergency situation.
- 7. Ability to lift and pull such items as a shotgun, first aid kit, fire extinguisher, etc., to and from a vehicle. Employee may be expected to lift and carry other items, objects or people in an emergency situation. Must be able to use legs in operating a patrol vehicle with an automatic transmission up to all day.
- 8. May be expected to balance, twist / rotate or push with legs during an emergency situation.
- 9. Ability to grasp and manipulate objects with hands up to all day, and perform fine finger dexterity movements up to one third of the work day. Such handwork requires eye/hand coordination, and at times, may require bilateral coordination.
- 10. The following is a brief description of the physical agility test, which is administered to the Deputy: Runs up approximately for steps, walks on a balance beam four-inches wide for six feet, and jumps off runs six feet and jumps, climbs or crawls over a six foot wall. Then jumps across a four foot-wide ditch, jumps or crawls through a three-foot by four foot window, three feet off the ground, runs about twenty feet, and scales a ten foot chain-link fence. Runs about one quarter mile, grabs a dummy weighing 125lbs. and drags it 20 feet. Finally, grabs handcuff bar with both arms and brings bar down to waist.

Working Conditions

Yes No

- 1. Performs work indoors (approximately 70 percent) and outdoors (approximately 30 percent). These percentages may vary depending upon work assignment and situations.
- 2. Employee may be exposed to temperature extremes depending on weather conditions.
- 3. Employee is exposed to intermittent high noise levels, such as sirens, gunfire and loud voices.
- 4. Employee may be exposed to vibration of the body on an intermittent basis from shotgun, off-road travel, or a physical confrontation.
- 5. Employee may be exposed to the following hazards: Physical confrontations, driving hazards, high-speed chases, animals, gunfire, rescue attempts in difficult terrain, and remote possibility of hazardous materials spills.

- 6. Employee may be exposed to exhaust fumes, human and animal orders, dusts, and mists.
- 7. Employee may work on even, carpeted, tiled floor, concrete or asphalt surfaces. In addition, employee may work on uneven natural ground surfaces, including inclines or ramps, catwalks or scaffolding, stairs, and ladders.
- 8. Employee may work alone, with or without direction, with one or two other people, and times, may work with a large group of people.

Equipment Tools and Materials

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Utilizes the following tools & Equipment: Telephone, radio, patrol vehicle, calculator, camera, copy machine, firearm, shotgun, baton, kobaton, flashlight, shackles, lights/siren/PA system, radar gun, first aid kit, fire extinguisher, and shovel. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Employee handles paperwork, stainless steel, plastic and evidence. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Employee utilizes the following work aids: Flares, reflective vest, bulletproof vest, helmet, and hearing and eye protection. |

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, and believe I can perform these duties.

Name: _____ **Date** _____

Supervisor: _____ **Date** _____