



# TORRANCE COUNTY

P.O. BOX 48, 205 Ninth Street, New Mexico 87016

Phone: 505.246.4752, Fax: 505.384.5294

[www.torrancecountynm.org](http://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?:<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | Commercial Driver's License?:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Class: | Number:             |  |
| 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:<br>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<br>Check (✓) and fill in appropriate areas |                 | High School Graduate/GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>ATTACH A COPY OF DIPLOMA OR CERTIFICATE</b> |                 |
| <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:

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|  |   |
|--|---|
| <b>SHERIFF AND/OR DISPATCH APPLICANTS ONLY</b>   |   |
| 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?<br>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<br>Hours per week: _____ |   | Current or Last Hourly Pay \$          |                           |
| If you supervised employees, indicate number and give dates<br># 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 |                  | Current or Last Hourly Pay  |  |
|   | Hours per week: _____  |                  | \$  |  |
| If you supervised employees, indicate number and give dates |  |                  | Place of employment (City and State) if different from employer's address |  |
| #   | From (Mo/Yr)   | To (Mo/Yr)       |   |  |
| 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 |                  | Current or Last Hourly Pay  |  |
|   | Hours per week: _____  |                  | \$  |  |
| If you supervised employees, indicate number and give dates |  |                  | Place of employment (City and State) if different from employer's address |  |
| #   | From (Mo/Yr)   | To (Mo/Yr)       |   |  |
| 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 DESCRIPTION**

**JOB TITLE: Torrance County Project Office (TCPO) Director**  
**Reports To: County Manager**  
**Approved By: J. Ansley 2014**  
**FLSA: EXEMPT**

**SUMMARY:**

The Director of the Torrance County Project Office provides administrative direction, plans, organizes and coordinates the Torrance County Project Office programs. Oversees the development and administration of programs in accordance with Federal, State and Torrance County regulations, policies and procedures. In addition, they are responsible for overseeing the departmental budget, including seeking additional funds through grant-writing. The TCPO Director is responsible for administrative and technical supervision over staff performing a wide variety of social services and programs.

**QUALIFICATIONS:**

1. Must have a minimum of a Bachelor's degree in social services, business administration, public administration or related fields; two (2) years experience performing supervisory and administrative work in a social services agency preferred.
2. Early childhood experience and some knowledge of infant mental health preferred.
3. Personal transportation and vehicle insurance required.
4. Proficient in computer word processing and knowledge of data base applications needed.
5. Knowledge of computers and use of data base applications required.
6. Strong oral and written communication skills required.
7. Ability to work with persons of diverse ethnic, gender, or socioeconomic backgrounds with cultural competency and sensitivity.
8. Must possess skills in the application, implementation, and operation of a wide variety of grant programs.
9. Must successfully complete CYFD background check.
10. Must be 18 years or older with a valid NM driver's license.

**DUTIES AND RESPONSIBILITIES**

*(The following is used as a partial description and is not restrictive as to duties required.)*

**TCPO DIRECTOR SPECIFICATIONS**

Plan, organize, direct, coordinate and administer Torrance County social services programs.

Develop guidelines and standards for use in the administration of County Social Service programs maintaining compliance with Federal, State and Torrance County regulations, policies and procedures; while adhering to all grant requirements.

Oversee the assessment of community needs and the development of programs to meet those needs.

Develop, prepare and administer the department budget, seeking alternative funding sources.

Writes grant application, according to format required, and submits application to funding agency or foundation.

Maintain accurate records and files.

Develop department goals and objective.

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Develop and enforce department operating policies and procedures, regulations and rules.

Review and present a comprehensive annual planning report prepared by department staff.

Develop new resources and partnerships, collaborating with State, County and non-profit organizations.

Serve on committees concerned with human services issues.

Perform as a County advocate on human services issues, preparing and presenting testimony to State legislative committees, city councils, the Board of County Commissioners and Federal representatives.

Serve as an advocate for children, families and the poor.

Evaluate operational performance, review work methods and procedures and develop and implement changes in work processes which enhance efficiency.

Supervise staff in establishing reviewing, revising and confirming appropriate internal controls for TCPO programs and functions.

Prepare budget recommendations and monitor expenditure control during the fiscal year.

Confer with personnel affected by proposed program to develop program goals and objectives, outline how funds are to be used and explain procedures necessary to obtain funding.

Justify and approve expenditures for purchasing and staff travel to various meetings, seminars, training and conferences; including approval of purchase orders and requisitions.

Evaluate program activity reports and the status of program workloads, assessing program accomplishments and needs.

Represent the Department before professional, industrial and civic groups, explaining policies and goals to the public, elected officials and other governmental agencies.

Develop and administer grants and contracts.

Supervise personnel, including training, assigning and reviewing work, administering front-line discipline- in accordance with County policies and procedures and in conjunction with the County Manager's office; must conduct performance evaluations.

Ensure that assigned personnel perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the-job injury.

Must provide support for all programs within the Torrance County Project Office, including but not limited to: Home Visiting Program, Teen Outreach Program, Domestic Violence, NMPCA program, Car Seat program;

Must provide aid to the Domestic Violence personnel in all aspects of the program administration and day-to-day operation; must attend court proceedings, when needed. Must provide crisis intervention services on an as-needed basis outside of traditional working hours, when necessary.

Must complete a minimum of 20 hours of continuing education per year.

### **Language Skills**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

### **Mathematical Skills**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

### **Reasoning Ability**

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

### **Certificates, Licenses, Registrations**

Valid State of New Mexico Driver License

**Physical Demands** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly required to talk or hear. The employee is frequently required to stand and reach with hands and arms. The employee is occasionally required to walk; sit; use hands to finger, handle, or feel; climb or balance and stoop, kneel, crouch, or crawl. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include distance vision.

**Work Environment** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this Job, the employee is frequently exposed to outside weather conditions. The noise level in the work environment is usually moderate.

**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: \_\_\_\_\_