



Job Title: Animal Control Officer
Department: Animal Shelter
Reports To: Animal Services Director
Prepared By: C. Sullivan

Prepared Date: 12/8/16
Approved By: A. Ortiz
Approved Date: 01/2017

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.

Essential Duties and Responsibilities

Enforce animal control ordinances; respond to citizens' complaints concerning animal care and control problems; capture and impound strays.

Attempt to locate owners; explain ordinances and discuss violations with pet owners and assist with solutions to avoid citations or further violations; Investigates animal bite cases, animal attacks on other animals and arrange for proper care, quarantine and or observation of the animal.

Respond to emergency calls for sick or injured animals and transport to the shelter. Perform field inspection of proper animal care for Kennel permits and Commercial/Conditional use permits.

Maintain records and prepare reports related to animal control activities.

Must be able to work Saturdays, Sundays, Mondays and Holidays.

Must work well with minimal supervision.

Must become State certified as a Euthanasia Technician after probation period is over.

Supervisory Responsibilities:

This job has no supervisory responsibilities.

Competencies:

To perform the job successfully, an individual should demonstrate the following competencies:

Customer Service:

Manages difficult or emotional customer situations; Responds promptly to customer needs; Solicits customer feedback to improve service; Responds to requests for service and assistance; Meets commitments.

Interpersonal Skills-:

Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.

Oral Communication:

Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; Responds well to questions; Demonstrates group presentation skills; Participates in meetings.

Written Communication:

Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information.

Teamwork:

Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit; Puts success of team above own interests; Able to build morale and group commitments to goals and objectives; Supports everyone's efforts to succeed.

Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and or ability required. Reasonable accommodations may be made to enable individuals with the disabilities to perform the essential functions.

Education and/or Experience:

High School diploma or general or general education degree (GED); or one to three months experience and/or training; or equivalent combination of education and experience.

Working Knowledge of animals control ordinances and regulations; animal collection and control methods; proper methods in working relationships with the public and fellow employees.

Ability to operate a motor vehicle and equipment, including had radio, catch pole, lead rope and humane trap.

Computer Skills:

To perform this job successfully, an individual should have knowledge of Database software and Internet software.

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 enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand; walk; sit; use hands to finger, handle, or feel; reach with hands and arms; stoop, kneel, crouch, or crawl and talk or hear. The employee is occasionally required to climb or balance. The employee must frequently lift and or move.50 LBS regularly.

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 exposed to wet and/or humid conditions; moving mechanical parts; high, precarious places; fumes or airborne particles; toxic or caustic chemicals; outside weather conditions; extreme cold and extreme heat. The noise level in the work environment is usually very loud.

The job description has been designed to indicate the general nature and level of work performed by the employee within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all the duties and responsibilities required of the individual assigned to this position. At the discretion of the Superintendent and/or County Manager the job duties can increase and/or decrease.

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, believe I can perform these duties.

I understand that I must perform any additional job functions, whether they are, or are not defined in these specifications, as required by my supervisor as long as it does not violate the law.

Printed Name: _____ Date: _____

Signature: _____



TORRANCE COUNTY

P.O. Box 48 205 Ninth Street Estancia NM 87016
Phone (505) 246-4757 (505) 384-5294 Fax
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:	Work Phone:
ADDRESS - Street	Mailing		Cell Phone:	Email Address:
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"/> Number: _____ Commercial Driver's License?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class: _____
3. Sheriff/Dispatch Applicants only: 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 attachments. **DO NOT** submit a résumé in lieu of this application. Read the employment announcement 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, and certificates) with each application.

State any additional information you feel may be helpful to us in considering your application:

SHERIFF AND/OR DISPATCH APPLICANTS ONLY
(applicants for the sheriff's department must be 21 years or older)
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

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.

MAT WE CONTACT THE EMPLOYERS LISTED BELOW? YES NO

If NO, explain:

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		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:				
				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		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:				
				DO NOT WRITE IN THIS AREA
				YEARS MONTHS
Reason for Leaving:				

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		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:				
				DO NOT WRITE IN THIS AREA
				YEARS MONTHS
Reason for Leaving:				

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET

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 interviewing official. 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:			
			DO NOT WRITE IN THIS AREA
			YEARS MONTHS
Reason for Leaving:			

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:			

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.

Name: _____ Date: _____



**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



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)

Social Security Number

			-				
--	--	--	---	--	--	--	--

Date of Birth

		-			-				
MONTH			DATE			YEAR			

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Torrance County ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date