



Torrance County

Job Description

Job Title: Appraiser Apprentice

Department: Assessor

Reports Directly to: County Assessor

We conform to all the laws, statues, 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.

Summary:

Under the supervision of the Chief Appraiser, the appraiser apprentice will shadow, certified appraisers for a minimum of six months. At that time the appraiser apprentice will be evaluated and will be assigned accounts which will include primary responsibilities listed below

Responsibilities:

- Appraisal of all assigned property parcels; duties consist of field inspection, data collection, review and analysis of value and real estate sales data. Applies appraisal skills to perform all property appraisal functions.
- Handles assigned cases involving valuation concerns from property owners and the general public.
- Assists the public in the office, by telephone and in the field, with other inquiries and concerns regarding assessed valuations or departmental policies/procedures.
- Calculate proper appreciation or depreciation of structures and/or property. Such calculations are based on considerations of land use, type of structures, additions or remodeling projects, size of structure (s) on property, utility access, access to property and other related criteria.
- Performs market analysis to determine current property value.
- Employees 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.

- Must be able to work effectively with fellow employees, professionals and the general public.
- Must be able to apply current knowledge of mapping and appraisal techniques in the completion of essential duties.
- Must be able to use communication skills effectively in dealing with a wide range of individuals in a variety of situations.
- Must be able to use organization and computer skills in order to keep track of property records and changes in property maps.
- Must be able to maintain high level of concentration for long periods of time while preparing updating and changing property cards and inputting information into the computer system.
- Primary responsibilities are performed both indoors and outdoors.
- Indoor responsibilities are performed in a temperature-controlled environment.
- Worker is exposed to natural weather conditions while performing outdoor duties. Weather conditions may involve being exposed to driving in heavy winds, snow, rain, sleet, etc.
- Other outdoor responsibilities are performed on surfaces which may be even or uneven, wet or dry such as asphalt, concrete, gravel, with snow or ice.
- Worker is exposed to intermittent noise and vibration factors, along with dust and mists while performing outdoor responsibilities.
- Worker uses a variety of equipment in the office setting, including but not limited to a computer, computer printer, telephone, microfiche reader, adding machine, and photocopy machine.
- Worker handles writing utensils, property cards, deeds and other legal documents. Various reference books and materials, and a wide variety of basic office supplies.
- Worker operates a county owned motor vehicle in traveling to various property sites throughout the county.
- Worker is provided binoculars, camera, measuring wheel, clipboard, writing utensils, property cards, and other equipment tools, and materials to complete responsibilities.

Physical Functions:

- Must be able to sit for up to two (2) hours at a time, and up to total of five (5) hours a day.
- Must be able to stand and/or walk up to one (1) hour at a time, and up to total of seven (7) hours a day.
- Must be able to climb stairs, hills, fences; crouch, crawl, or kneel as needed in the performance of primary responsibilities.
- Must be able to push/pull with arms, with five (5) pounds of force.
- Must be able to work with arms extended for brief periods of time. Must be able to work with arms bent for up to Four (4) hours at one time, and up to eight (8) hours a day. Must be able to reach away from body or overhead with arms as needed.
- Must be able to lift and carry for short distances, objects weighing up to 55 pounds as needed.
- Must be able to coordinate use of legs and feet to operate motor vehicle when needed.
- Must be able to use hands and fingers to grasp/manipulate equipment and materials in a bilaterally coordinated manner in performing essential duties.
- Must be possess eyesight sufficient to work with property cards and/or a computer terminal for long periods of time.

Requirements:

- Must be 18 years or older and in possession of a valid New Mexico Driver's License.
- High School diploma or GED required
- Two (2) years of full-time administrative and/or customer service work experience.
- Must take and pass International Association of Assessing Officers (IAAO) course work which consists of four (4) classes.
- Experience in agriculture practices, real estate, surveying methods preferred but not required.
- Ability to understand and communicate in English/Spanish preferred.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or logical assignment to the position.

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.

Printed Name

Signature

Date



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?		Number:	Commercial Driver's License?:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>		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 #	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		Current or Last Hourly Pay	
Hours per week: _____		\$ _____		
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:				

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 #	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:				

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		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:				

	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:				

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: _____



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)



Request for Background Check

Account #013415

Social Security Number

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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
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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