



# 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?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial Driver's License?: 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: 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
<b>EDUCATION, LICENSES, CERTIFICATIONS</b> Check (✓) and fill in appropriate areas		High School Graduate/GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>ATTACH A COPY OF DIPLOMA OR CERTIFICATE</b>
<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	Degree Earned
Date of Degree	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:

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**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**

<b>1</b>	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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS MONTHS
Reason for Leaving:				

<b>2</b>	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:				
				<b>DO NOT WRITE IN THIS AREA</b>
Reason for Leaving:				YEARS MONTHS

<b>3</b>	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		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:				<b>DO NOT WRITE IN THIS AREA</b>
				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:				<b>DO NOT WRITE IN THIS AREA</b>
				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

