



Grant County Deputy Sheriff - Certified

- * 1. I understand that in order for my application to receive every consideration in the selection process, I must complete the following Supplemental Questions and provide concise but detailed answers. I understand these responses must match the information I provide in the Work Experience and Education sections of my application. I have read and understand the above instructions?

☐ Yes ☐ No

- * 2. Are you 18 years of age or older?

☐ Yes ☐ No

- * 3 Which best describes your level of education?

- ☐ Less than High School or GED
☐ High School or GED
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate

Attach a copy of your diploma (s)

- * 5 Do you have a valid unrestricted (not including restrictions for corrective lenses) New Mexico driver's license?

☐ Yes ☐ No

- * 6. Do you have a current Law Enforcement Certification or enrolled in Law Enforcement Academy?

☐ Yes ☐ No Certification Number: _____
☐ Yes ☐ No WNMU or Santa Fe: _____

If you answered yes, you will need to submit a copy of your certification or verification of enrollment in said Law Enforcement Academy

(Please use your initials to indicate whether you are or are not capable of performing each duty listed below, with or without reasonable accommodation.)

Essential Duties

<i>Yes</i>	<i>No</i>	
—	—	Answers calls and complaints involving automobile accidents, domestic disputes, robberies, assaults, and other felonies and misdemeanors.
—	—	Patrol a designated area in a radio-equipped car, motorcycle, bicycle, and/or on foot to preserve law and Order
—	—	Enforce traffic and other laws and ordinances
—	—	Assume control at traffic accidents to maintain traffic flow.
—	—	Assist accident victims, and investigates cause of accidents; apprehends suspects.
—	—	Search, inspect, transport, and take custody of prisoners; advises subjects of their rights; secures the crime scene.
—	—	Conduct preliminary investigations, identifies and instructs witnesses, gathers information, and prepares detailed reports.
—	—	Investigate suspicious conditions; conducts primary investigations of attempted or committed crimes.
—	—	Prepare investigative reports; prepares misdemeanor and felony cases for proper action; interviews witnesses.
—	—	Appear in court to present evidence, prosecutes and testifies on behalf of the state; maintains professional demeanor in the courtroom.
—	—	Prepare and submit daily activities and other written reports to superior officers.
—	—	Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
—	—	Responsible for knowing and abiding by all department and county policies and procedures.
—	—	Perform other duties as assigned.

Other Requirements

<i>Yes</i>	<i>No</i>	
—	—	Employee must comply with the safety guidelines of the County and department.
—	—	Employee must complete new hire physical examination.
—	—	Employee must pass pre-employment drug testing.
—	—	Applicant will be required to consent to go through the CVSA (Computer Stress Voice Analyzer).

Knowledge/Skills/Abilities

(Please use your initials to indicate whether you do or do not possess the knowledge, skills and abilities in the stated areas below.)

Yes No

- | | | |
|-----|-----|--|
| ___ | ___ | Modern principals, methods and procedures of law enforcement administration used in the technical aspects of law enforcement, including accident and criminal investigation and identification, crime prevention, law enforcement tactics, traffic control, and community-based policing; criminal law and criminal procedures involving the apprehension, arrest and custody of persons allegedly committing misdemeanors and felonies. |
| ___ | ___ | Rules and regulations of the Sheriff's Office. |
| ___ | ___ | Analyze complex law enforcement problems and situations. |
| ___ | ___ | Latest court interpretations of the legal obligations of law enforcement agencies. |
| ___ | ___ | First aid principles, practices, and techniques for both the ill and injured. |
| ___ | ___ | Operate a motor vehicle and computer; use and maintain qualifications with all required firearms and other police-related equipment |
| ___ | ___ | Understand rules and regulations of the Sheriff's Office |
| ___ | ___ | Analyze complex law enforcement problems and situations |
| ___ | ___ | Follow oral and written instructions. |
| ___ | ___ | Observe situations analytically and objectively and to record them clearly and completely. |
| ___ | ___ | React quickly and calmly in emergencies and decide the best course of action. |
| ___ | ___ | Solve problems dealing with emotionally volatile issues. |
| ___ | ___ | Express one's self clearly and concisely, orally and in writing |
| ___ | ___ | Enforce the law with firmness, tact and impartiality. |
| ___ | ___ | Establish and maintain effective working relations with fellow workers and the general public. |

Physical Functions:

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. (Please use your initials to indicate whether you can or cannot perform the following duties:

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | Must be able to withstand vigorous physical demands common to law enforcement. |
| ___ | ___ | While performing the duties of this job, the employee is regularly required to walk, stand, stoop, sit, run, climb ladders and/or fences; walk "I" beams, and/or drive and quickly enter and/or exit a law enforcement vehicle. |

Working Conditions:**Yes No**

- | | | |
|---|---|--|
| — | — | Most work is typically performed in an outdoor environment regardless of the weather conditions. |
| — | — | Must be able to operate a law enforcement vehicle during both the day and night. |
| — | — | In emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow. |
| — | — | Will be exposed to temperature extremes; is exposed to hazardous conditions, such as physical confrontations, driving hazards, high speed chases, animals, gunfire, rescue attempts on difficult terrain and toxic chemicals and maybe exposed to fumes or airborne particles. |
| — | — | Will be exposed to stressful and dangerous situations depending on the severity of the emergency. |
| — | — | The employee is occasionally exposed to vibration, such as a shotgun and/or off-road travel. |
| — | — | The noise level in the work environment may be moderate to loud and the employee may be exposed to long working hours and job induced mental stress and tension |

Employee Declaration:

- A. I have read the above Position Specifications (**Sheriff's Deputy**) and I understand the demands and expectations of the position described and to the best of my knowledge, I believe I can perform these duties with or without reasonable accommodation.

Signature: _____ Date: _____



Grant County Supplemental Questionnaire

Full Legal Name:			
LAST	FIRST	MIDDLE	TODAY'S DATE
Date of Birth	Social Security #	Home Phone #	Alternate Phone #
List any other name you have used (maiden, nicknames, married, etc.)			
1.	3.		
2.	4.		

ADDRESS HISTORY

In the spaces below, list all addresses where you have lived during the past ten (10) years, including military addresses, if applicable. BEGIN WITH YOUR PRESENT ADDRESS.

FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE

DRIVING HISTORY

Do you currently have a valid driver's license? Yes ____ No ____

STATE	LICENSE CLASS	EXPIRATION	DRIVER'S LICENSE NUMBER	RESTRICTIONS

Have you ever had any other driver's licenses? Yes ____ No ____

If you answered "Yes", in the space below list all states where you have been licensed and/or all names you have been licensed under.

Names	License State

Have you ever had a driver’s license revoked or suspended by the licensing authority (state or county)?

Yes ____ No ____ If “Yes”, in the space below list the suspension or revocation information.

FROM	TO	STATE	REASON

List all driving citations/summons you have received as an adult, beginning with the most recent:

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION

EMPLOYMENT/TRAINING

Have you ever applied for a position with any Sheriff’s Department or public safety agency? Yes ____ No

If “Yes”, list the agency information in the space below.

DATE	DEPARTMENT	CITY/STATE	STATUS

MISCELLANEOUS

Have you ever been released or terminated from a job because of your failure to meet job requirements?

Yes ____ No ____

Have you ever been discharged, asked to resign or given the opportunity to resign in lieu of discharge?

Yes ____ No ____

Have you ever been demoted to a lower position or rank for any reason?

Yes ____ No ____

Have you ever been suspended from duty or received disciplinary action

Yes ____ No ____

Describe your reasons for applying for this position (use a separate sheet of paper if necessary).



Grant County Physical Health Statement

_____, an applicant for employment with the Grant County, hereby acknowledges that he/she is required to undergo the agility tests listed on the attachment hereto.

Applicant hereby states that he/she is of good health and has no medical conditions that these tests would aggravate. Applicant specifically releases Grant County from any and all claims that he/she may have or that may be made on his/her behalf or by other persons claiming by or through applicant by reasons of injuries or harm that may result to the applicant from participating in these agility tests.

Applicant's Name (print or type)

Applicant's Signature

DO NOT SIGN UNLESS IN FRONT OF A NOTARY – APPLICATION WILL BE REJECTED

State of _____ County of _____

In witness hereof, I acknowledge that the above and foregoing document was signed before me this

_____ day of _____, 20_____.

My commission expires: _____

NOTARY PUBLIC



Authority to Release Information

To Whom It May Concern:

I hereby grant permission to **Grant County** to conduct a thorough historical background investigation on me. The purpose of the investigation is to construct a record of my personal and professional history to ensure I meet the requirements of the position and duties I have been hired to perform. I understand the investigation will be conducted by a licensed private investigation firm contracted by this company.

I hereby grant the investigator bearing this release, or copy thereof, for a period of 60 days of its date, to obtain any information in your files pertaining to any credit (to include obtaining a copy of your credit report), educational, investigation, motor vehicle report, arrest or conviction of myself on any civil or criminal matter. I hereby direct you to release such information upon the request of this bearer. I hereby release you as custodian of such records for any criminal justice, law enforcement, or court agency, including its officers and employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, that may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information; or any attempt to comply with it.

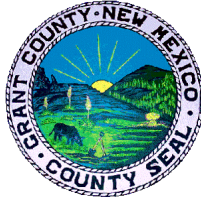
Should there be any questions as to the validity of this release, you may contact me as indicated below.

PLEASE PRINT CLEARLY!

Full Name _____
Social Security # _____
Date of Birth _____
Current Address _____
Telephone Number (____) _____

Driver's License Number: _____ State of License: _____ Expiration Date: _____

Applicant Signature _____



References

Please provide five (5) personal and/or professional references:

Name: _____ Phone Number: _____

Type: ☐ Personal ☐ Professional

Name: _____ Phone Number: _____

Type: ☐ Personal ☐ Professional

Name: _____ Phone Number: _____

Type: ☐ Personal ☐ Professional

Name: _____ Phone Number: _____

Type: ☐ Personal ☐ Professional

Name: _____ Phone Number: _____

Type: ☐ Personal ☐ Professional