

## Corre Caminos / Cantinas Employment Application Cantinas

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

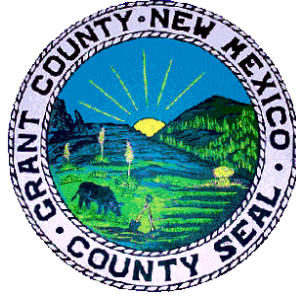
**Preferred Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**READ** the following information before completing this application.

- All information contained on this application is subject to verification.
- A background investigation is required of successful applicants.
- Any omission, misstatements, or falsifications will be cause for rejection of this application, elimination from further completion, removal of your name from an eligibility list or discharge from employment,.
- Information provided on this application and during the application process may be subject to public disclosure pursuant the New Mexico Inspection of Public Records Act, NMSA (1978) § 14-2-1, *et seq*
- The information provided by you on this application will used to determine your qualifications for employment.



The attached documents must be filled out completely and returned to the County Manager's Office/Human Resources. **This position will remain open until filled.** The Human Resource office is located in the Grant County Administration Building. This is a *summary of instructions* and you must complete every question for the specific job you are applying.

1. The **application** should be filled out completely. All applications taken by this entity are by law public record and will be handled as such. Make sure that you sign and date the application.
2. Read the **Position Specifications** carefully. All items must be read and answered whether you *can or cannot* perform duties.
3. You will be required to submit a **copy of your driver's license**.
4. Please attach a copy of your military release DD 214 form if identifying as a Veteran.
5. You are welcome to attach your resume and/or copies of any relevant training or coursework to your application.

# Supplemental Questions

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1. I understand that in order for my application to receive consideration in the selection process, I must complete the following Supplemental Questions and provide concise but detailed answers. I have read and understand the above instructions?

Yes  No

2. Which best describes your level of education?

High School Diploma or GED  
 Associate's Degree  
 Bachelor's Degree  
 Master's Degree  
 Doctorate

3. Are you available on Friday and Saturday nights from 5:30 pm – 2:30 am?

Yes  No

4. Do you have a valid, New Mexico driver's license?  Yes  No

5. Do you have previous experience driving transit vehicles?  Yes  No  
**If you answered yes to this question, experience must be included in the Employment Section of application.**



Title: Bus Driver  
FLSA: Part-Time / Union Represented upon completion of probation  
Class Code: 1167  
Salary Range 13: Min \$20,980 Mid \$ 26,225 Max \$31,470  
Reports to: Public Transit Director  
**Position Will Remain Open Until Filled**

**Job Summary:**

Under the direction of the Corre Caminos Director, the driver is expected to operate transit buses of various sizes in accordance with specific manifest instructions to meet service delivery expectations in providing public transportation.

**Work Schedule:**

- Friday and Saturday nights – 5:30 pm – 2:30 am

**Minimum Qualifications**

- High School Diploma or G.E.D.
- Acceptable driving record in accordance with Grant County Policy
- Must possess a valid New Mexico Driver’s License (or obtain one prior to employment)

**Preferred Qualifications**

- Previous experience driving transit vehicles
- Ability to communicate in Spanish is a plus

**Description of Duties and Responsibilities:**

- Provides services to users of the transit system, collects appropriate customer fares, ensures the comfort of passengers, maintains order among customers and addresses volatile situations to ensure safety and security.
- Announces bus stops, provides fare and routing information, explains passenger policies and procedures, provides directions and assists customers with boarding the vehicle and securing wheelchairs in accordance with established processes and procedures to provide expected levels of customer service.

- Completes, submits, and files various special and recurring reports and documents; performs daily inspections of vehicles, reports operational problems in a timely manner to the appropriate staff for repairs; assures that vehicles are operated in accordance with established policies, procedures, rules, regulations and schedules; changes route display prior to beginning new route to provide consistent, accurate, and timely information and services.
- Attends and completes all required training; assists with the collection of data for the planning and scheduling of transit services; assists with conducting outreach activities to meet established goals and objectives.
- Successful candidate will be required to serve a one (1) year probationary period.

**Essential Duties**

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

YES	NO	
___	___	Provides services to users of the transit system.
___	___	Collect appropriate customer fares
___	___	Ensure the comfort of passengers
___	___	Maintain order among customers and addresses volatile situations to ensure safety and security.
___	___	Announce bus stops, provides fare and routing information, explains passenger policies and procedures, provides directions and assists customers with boarding the vehicle and securing wheelchairs in accordance with established processes and procedures to provide expected levels of customer service
___	___	Complete, submit, and file various special and recurring reports and documents.
___	___	Perform daily inspections of vehicles, reports operational problems in a timely manner to the appropriate staff for repairs.
___	___	Assure that vehicles are operated in accordance with established policies, procedures, rules, regulations and schedules.
___	___	Attends and completes all required training.
___	___	Perform other duties as assigned.

**Other Requirements**

*(Please use your initials to indicate whether you are or are not capable of complying with the following:*

Yes	No	
___	___	Employee must comply with the safety guidelines of the County.
___	___	Employee must complete new hire physical to include a COVID test
___	___	Employee must pass a pre-employment DOT drug testing.
___	___	Employee must pass a background check.

**Knowledge / Skills**

**Yes    No**

- Applicable traffic regulations, signs, and signals; effective customer service, communication, and problem resolution techniques and methods.
- Perform a variety of duties and responsibilities timely and with accuracy to meet deadlines and ensure achievement of goals and objectives
- Read, interpret, and ensure compliance with policies, procedures, rules, and regulations governing related activities, programs, and functions
- Safely operate a motor vehicle
- Communicate appropriately, clearly, and concisely, orally and in writing
- Resolve customer service issues
- Act calmly, rationally, and tactfully in carrying out duties and responsibilities
- Demonstrate courtesy and respect in providing customer service
- Compile applicable information and maintain accurate records
- Prepare and present accurate and reliable reports
- Establish and maintain effective and appropriate working relationships with employees and the public
- Use initiative and independent judgment within established procedural guidelines to ensure achievement of goals and objectives

**Skills in:**

**Yes    No**

- Operating transit vehicles in a safe manner,
- Complying with all applicable traffic laws, regulations, and policy and procedures
- Reading maps, schedules and route information
- Reacting quickly to potential safety or security issues
- Working independently and demonstrating sound judgment in applying established guidelines to solve issues.
- Demonstrate courtesy and respect in providing customer service

- Reading, understanding, applying, and communicating policies, procedures, and applicable rules and regulations.
- Maintaining complete and accurate records
- Establish and maintain effective and appropriate working relationships with employees and the public
- Use initiative and independent judgment within established procedural guidelines to ensure achievement of goals and objectives

**Environmental and Physical Factors:**

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

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Work is performed in a transit vehicle and in a transit operations environment with exposure to all types of weather and traffic conditions.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate physical requirements, frequent sitting, bending, stooping, crouching, kneeling, squatting, pushing/pulling, lifting, carrying, and reaching from all levels. |

**Employee Declaration:**

- A. I have read the above Position Specifications (**Corre Cantinas Bus Driver**) 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, NM APPLICATION FOR EMPLOYMENT

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Grant County considers applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Social Security Number \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? If yes, please attach to back of application. \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with Grant County before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date \_\_\_\_\_

Have you ever been employed with Grant County \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, may we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented for lawfully becoming employed in the U.S. because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if the job required it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any relatives working for Grant County? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, list names and relationships. \_\_\_\_\_



**EDUCATION:**

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	Name and Address of School	Course of Study	Credit Hours Completed	Diploma or Degree
High School				
Undergraduate College or University				
Graduate/ Professional				
Technical/ Vocational				
Other				

Indicate any other language, other than English, you can speak, read and/or write

	FLUENT	WELL	FAIR
SPEAK			
READ			
WRITE			

## **EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			
Reason for Leaving	Supervisor:		

**APPLICANT'S STATEMENT:**

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

1. I certify that answers given herein are true and complete to the best of my knowledge
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
3. I understand that the submission of this application does not indicate an offer of employment nor does it establish any obligation on behalf of Grant County,
4. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all employee policies of Grant County.

Signature of Applicant:

Date:

# GRANT COUNTY

## RELEASE OF INFORMATION WAIVER

I consent and hereby authorize Grant County, by means of Grant County or other entity/person who is suitable to and chosen by the County, to investigate my past and present work, character, former employment, police and credit records to ascertain any and all information which may concern my suitability for employment with Grant County.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my driving record, my background and reputation, my military service records, educational records, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing records, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I direct you to release such information upon request of the duly accredited representative of the County of Grant regardless of any agreement I may have made with you previously to the contrary. The release of any and all information is authorized whether same is of record or not and I do, hereby, release all persons, firms, agencies, companies or groups, whomsoever, from any damages because or resulting from, furnishing such information to the Grant County Human Resources, the County government, and its employees from any damages or claims which may otherwise result from use or release of such information.

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Applicant Name (please print)

Date

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Signature

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_

OTHER NAME USED: \_\_\_\_\_

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## 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



## Grant County Corre Cantinas Voluntary Information

To further our commitment to equal opportunity employment, Grant County Government requests applicants to provide the following information. This information will be used for statistical purposes only by authorized personnel.

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**Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female

**Citizenship:**  U.S. Citizen  Legal Alien  Other

**Ethnicity** – Please check only one choice which best describes your race/ethnicity:

White (Non-Hispanic Origin)

*All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

Hispanic

*All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.*

Black (not of Hispanic origin)

*All persons having origins in any of the Black racial groups of Africa.*

Asian or Pacific Islander

*All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.*

American Indian / Alaskan Native

*All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.*