



Grant County Employment Application

Detention Officer

Name _____

Preferred Name _____

Mailing Address _____

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. 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 Question

- * 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
- * 4 Do you have a valid unrestricted (not including restrictions for corrective lenses) New Mexico driver's license?
- Yes No

Grant County Detention Officer

Salary Range: Min: \$26,201 Mid: \$32,752 Max: \$39,902
Reports to: Detention Administrative Staff
FLSA: Regular / Full-time / Union Represented upon completion of probation

Job Summary:

The essential functions or duties listed below 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 a logical assignment to the position.

Under the direction of the Detention Center Administration, the Detention Officer is expected to ensure the health, safety and welfare of the detainees and the continuous safety and secure operations of the facility. Successful candidate will be required to serve a one (1) year probationary period.

Minimum Qualifications

- High School Diploma or G.E.D.
- Must be 18 years of age.
- Pass a Defensive Tactics course within one year of hire.
- Successful candidate will be required to serve a one (1) year probationary period.
- Understand and apply the appropriate use of force as well as, learn and use restraint techniques.
- Must have no felony convictions or misdemeanors involving moral turpitude.
- Possess a valid New Mexico driver's license.
- Must have no DWI convictions within the past five (5) years.
- Able to communicate in English both verbally and in writing.
- Pass CPR and First Aid within one (1) year hire.
- Handle stress and respond appropriately to stressful situations.
- Perform the essential duties listed below.

Preferred Qualifications

- Ability to communicate in Spanish

Benefits:

- Paid vacation, sick leave and paid holidays - PERA retirement plans
- Health, vision and dental insurance paid at 100% for full-time employees and a 100% for their dependents.

Description of Duties and Responsibilities:

Employee is responsible for enforcement of rules & regulations in detention facility, preventing escapes & riots, maintaining order & discipline among inmate, escorting inmates to and from cells and work assignments. Also responsible for operating and inspecting various security devices, reporting violations of rules & keeping count of inmates as assigned. Duties include controlling inmates from work stations or by patrolling cell blocks, corridors and work areas; inspecting all areas of facility for unauthorized objects; checking sanitary conditions and fire and safety hazards; enforcing rules of conduct, security and labor standards by making written and verbal reports of significant violations or irregularities to supervisors. Employee must assist in supervision of inmates being transferred to other facilities or appearing in court; distributing cleaning and sanitation supplies as well as pick-up and delivery personal laundry and bedding; delivers mail and distributes medication as needed within policy guidelines. Employee must operate electric cell doors; control visitation of relatives, attorneys and others. Employee is expected to be familiar with federal, state and county and departmental laws and policies pertinent to the position, departmental directives, detention officer’s report manual, techniques and precautionary measures to be used in escort and supervision of inmates and typical behavior pattern of inmates; skill in use of camera and fingerprinting. Employee is expected to know and understand County Personnel Policies and perform any related work as required. Employee must be aware that position may involve life-threatening situations and act accordingly. Specific duties of adult detention officers are listed in the detention office standard operating procedures. Work will largely be performed inside detention facility and some time spent in other areas. Employee must perform any other duties as required.

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 | |
|-------|-------|---|
| _____ | _____ | Plan and perform a wide range of detention duties to insure the proper booking and incarceration and safety of persons committed to the facility. |
| _____ | _____ | Aware that the position of Detention Officer may be involved in life-threatening situations. |
| _____ | _____ | Process incoming inmates by completing booking sheets, pat and strip search, personal history, medical screening, and other essential data to proper care and incarceration of the inmates. |
| _____ | _____ | Perform fingerprinting and photographing of inmates. |
| _____ | _____ | Inspect pod and jail cells to insure cleanliness and orderliness. Record any pertinent conditions during periodic patrols of pods and cells. |
| _____ | _____ | See that new inmates receive baths and clothing and responds to additional personal needs in accordance with policies. |

- Periodically works in control room to keep constant watch on all sections of the Detention Center via TV cameras. Control all doors and entrances. Forward telephone calls to the appropriate parties. In event of emergency, contact appropriate personnel.
- May transport inmates to court and other appearances. Serves as escort for visiting lawyers and others. Escort's inmates to various sections of the detention center, including kitchen or recreation room.
- Coordinate and cooperate with other law enforcement agencies and judiciary agencies as necessary.
- Assist in processing various bills and documents and assists in bonding. Records all monies and personal items for storage.
- Obtain required signature from inmates for personal and accountable items.
- Deal with verbal and physical abuse from inmates.
- Search inmates and their cells or pods and restrain inmates when necessary.
- Perform all duties with minimal supervision.
- May be required to transport inmates to other facilities.
- Must comply with County Personnel Policy, Detention Center Standard Operating Procedures and other Policies as approved by the Board of Commission
- Perform other duties as assigned.

Other Requirements

(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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Employee must comply with the safety guidelines of the County. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee must complete new hire physical. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee must pass a pre-employment drug testing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee must pass a background check. |

Function Analysis:

(Please initial each item to indicate whether you are or are not capable of performing that function with or without reasonable accommodation).

Mental Functions:

Yes No

- Must be able to listen and understand verbal directions in English.
- Must be able to communicate verbally and in writing with co-workers.
- Must be able to communicate with inmates.
- Must use sound judgment in determining level of incarceration for each inmate and in responding to the emergency situations.
- Must be able to use visual and auditory skills to properly operate console in control room.
- Must possess basic math skills to deal with money and bonding procedures.
- Must be able to operate a computer for documentation and recording

Physical Functions:

Yes No

- Ability to buddy carry an inmate in case of emergency. Must be able to assist disabled inmates in showering and other personal needs.
- Ability to lift up to sixty (60) pounds from ground to waist level approximately twice daily.
- Ability to stand and walk up to six (6) hours at one (1) time, and eight (8) or twelve (12) hours total per day (pod and booking duty). Shifts could vary from 8 to 12 hour shifts depending upon the business needs of the facility.
- Ability to sit for up to four (4) hours at one (1) time, and eight (8) hours total per day (control room only). Shifts could vary from 8 to 12 hour shifts depending upon the business needs of the facility.
- Ability to climb and descend stairs.
- Ability to crouch and kneel for up to five (5) minutes at one (1) time, and one-half hour total per day.

- ___ ___ Ability to bend at waist for up to five (5) minutes at one (1) time, and one-half hour total per day.
- ___ ___ Ability to carry approximately ten (10) pounds on waist all day.
- ___ ___ Ability to push/pull a disabled inmate in wheelchair.
- ___ ___ Ability to work with arms extended or bend for up to four (4) hours at one (1) time. (control room duty).
- ___ ___ Ability to use hands and fingers to grasp/manipulate objects, sometimes in a bilaterally coordinated manner.
- ___ ___ Ability to use hands and fingers in a fine dexterous manner in operating console (control room duty). This requires eye-hand coordination.

Working Conditions:

- | Yes | No | |
|------------|-----------|---|
| ___ | ___ | Both indoors and outdoors. Outdoor duty is required only during inmates' recreational period and the moving of inmates to other facilities. |
| ___ | ___ | Indoor duty performed in a controlled temperature, exposed to natural conditions in outdoor duty. |
| ___ | ___ | Worker may be exposed to poor ventilation due to enclosed conditions. Will be exposed to unpleasant odors resulting from poor personal hygiene of inmates. |
| ___ | ___ | Worker perform duties on a flat, hard surface. |
| ___ | ___ | Worker performs duties alone while on pod and control room duty. Worker performs duties as part of a select team while on booking duty. |
| ___ | ___ | Working hazards include the following: constantly subjected to injury, death or hostage, situation, exposed at times to infectious diseases carried by inmates, constant high level of mental and emotional stress. |

Equipment, Tools and Materials:

- | Yes | No | |
|------------|-----------|--|
| ___ | ___ | Computer, telephone, copy machine, fingerprinting equipment, fax machine, hand held radio and video equipment. |
| ___ | ___ | Handcuffs, leg irons, capstun and straitjacket. |
| ___ | ___ | Duress equipment (to monitor inmates with medical problems), first aid equipment used to assist in performing cardiopulmonary resuscitation (CPR). |
| ___ | ___ | Rubber gloves, protective face masks, gowns, flashlights, riot gear and uniform. |
| ___ | ___ | Drive a County Vehicle in a manner that complies with the County Vehicle and Accident Polices. |

1. Have you ever had allegations against you or been civilly or criminally convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused?

Yes ___ No ___

2. Have you had allegations or administrative discipline against you involving any sexual misconduct while performing your duties at work?

Yes ___ No ___

Employee Declaration:

A. I have read the above Position Specifications (**Detention Officer**) 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

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.

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Numbers: Home _____ 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? If so, list names and relationships: Yes No

Education:

	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			

Describe any specialized training, apprenticeship; skills and extra-curricular activities that you possess that may be helpful to the position.

Describe any training that you receive in the United States Military that may assist you in the position for which you have applied.

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. **If your employment experience history is not complete your application will be rejected.**

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:		

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:		

If you need additional space, please continue on a separate sheet of paper and attach it to the end of the application.

List of any professional, trade, business or civic activities.

APPLICANT’S STATEMENT:

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

<ol style="list-style-type: none"> 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.
<p>Signature of Applicant: _____ Date: _____</p>

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

Drug Usage

The use of any of the following drugs within a five (5) year period prior to application will be cause for disqualification:

Cocaine • Heroin • Methamphetamine

Any prior/current use of L.S.D. or other hallucinogens will be reason for disqualification. Any other drug usage will be reviewed on an individual basis to determine acceptability or disqualification depending upon the frequency and most recent usage. Information regarding drug usage will be included in post-offer polygraph.

Narcotics History

Please Initial

DRUG	YES	NO	EXPLANATION OF USE
Marijuana			
Hashish/Hash Oil			
THC (powder or tabs)			
LSD			
Peyote			
Mescaline			
PCP			
Cocaine			
Tranquilizers			
Opium			
Heroin			
Codeine			
Methadone			
Designer Drugs (i.e. ecstasy)			
Other (i.e. steroids)			

Have you ever illegally obtained any prescription drugs or controlled substances? Yes ___ No ___

Have you ever used any illegally obtained prescription drugs or medications? Yes ___ No ___

Have you ever illegally sold, furnished or supplied any narcotics or drugs to anyone? Yes ___ No ___

Have you ever possessed any illegal narcotics or drugs? Yes ___ No ___

EMPLOYMENT/TRAINING

Have you ever applied for a position with any Detention Facility 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 ___

**GRANT COUNTY
DRUG AND ALCOHOL POLICY
APPLICANT'S OVERVIEW FORM**

Grant County has a commitment to a drug-free workplace and is a leader in promoting a drug-free work force.

All applicants, upon a conditional offer of employment may be required to submit a pre-employment alcohol/drug screen. A job applicant who refuses to consent to a drug and alcohol test, fails to report to collection site, or fails (tests positive) such test will be denied employment.

If a sample is positive the applicant will be given the opportunity to report any medications that have been recently used to the Medical Review Officer (MRO).

Positive Test Confirmation: Before a confirmation test is declared positive, the employee will be contacted by the Medical Review Officer (MRO) and given the opportunity to demonstrate that there was a legitimate medical explanation for the positive test result. If the MRO determines that a legitimate medical reason does exist, the test result will be reported to the county as "negative." If the MRO determines that a legitimate medical reason does not exist, the test result will be confirmed as positive. An employee whose test is reported as positive may request a test of the split sample that was taken at the time of the original urine collection. A split sample test must be requested through the MRO. An employee-requested test must be conducted at an NIDA facility and will be at the employee's expense.

All employees are subject to a Drug and Alcohol Policy depending upon their jobs, which may include testing under the following conditions: post-vehicle accident, post-incident, reasonable suspicion, random or firearm discharge.

I certify that I have read the above overview of Grant County Drug and Alcohol Policy and consent to comply with all provisions of the policy.

Social Security Number

Printed Name

Signature

Date

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.

Printed Name (print or type)

Applicant's Signature



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 for 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 any and 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



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.

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.