



Grant County Sheriff's Office
Employment Application
Sheriff's Deputy – Certified
Revised 02/2020

Date: _____

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. 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 complete the Confidential Records Release Form and submit a copy of your driver's license, social security card, high school diploma or GED
4. **If you are a Certified Law Enforcement Officer, you will be required to submit a copy of your Certification.**
5. **Please attach a copy of your military release *DD 214 long form* if identifying as a Veteran.**
6. The Release of Information Waiver must be signed in the presence of a Notary. We have a notary available in the Grant County Administration Office.
7. You are welcome to attach your resume and/or copies of any relevant training or coursework to your application.



Title: Grant County Sheriff's Deputy (Certified)
FLSA: Regular/Full-time/Union Represented upon completion of probation
Salary: Based on GCSO Step Plan

Applicant must file an employment application with the Grant County Manager's Office. Certified Officers are required to serve a six (6) month probationary period.

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 moderate supervision, enforces laws and ordinances, maintains order, prevents crime, makes arrests (citations or warnings) of criminal law violators, performs community education and advocacy, provides protective patrol services and community based policing, provides arbitration in neighborhood and family disputes, performs crisis intervention, and recovers stolen property.

Minimum Qualifications:

- Must be a U.S. citizen, and 18 years of age at the time of employment.
- Shall maintain residence within 30 miles of the exterior boundary of Grant County.
- No DUI convictions within the past three years.
- No Felony Convictions and no misdemeanor convictions involving moral turpitude.
- High School Diploma or equivalent.
- Valid New Mexico Driver's License with verified record of good driving history
- Other (e.g., complete & pass background investigation, firearms certification, post-offer drug & alcohol test, medical exam, background check, etc.).

Preferred Qualifications:

- Ability to communicate in Spanish is a plus

Essential Duties:

Answers calls and complaints involving automobile accidents, domestic disputes, robberies, assaults, and other felonies and misdemeanors; patrols a designated area in a radio-equipped car, and/or on foot to preserve law and order; enforces traffic and other laws and ordinances; assumes control at traffic accidents to maintain traffic flow, assists accident victims, and investigates cause of accidents; apprehends suspects; searches, inspects, transports, and takes custody of prisoners; advises subjects of their rights; secures the crime scene; conducts preliminary investigations, identifies and instructs witnesses, gathers information, and prepares detailed reports; investigates suspicious conditions.

Conducts primary investigations of attempted or committed crimes; prepares investigative reports; prepares misdemeanor and felony cases for proper action; interviews witnesses; appears in court to present evidence, prosecutes and testifies on behalf of the state; maintains professional demeanor in the courtroom; ensures that evidence is properly secured, stored and readily retrievable.

Prepares and submits daily activities and other written reports to superior officers; endures verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment; and is responsible for knowing and abiding by all department and county policies and procedures.

Grant County Sheriff's Deputy Supplemental Questions

- * 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 with your application

8. Are you identifying as a Veteran?

Yes No

If you answered yes, you will need to attach your military release **DD214 Long Form** with characteristics of service.

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.)

- | <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.

___ ___ The employee must occasionally exert or lift objects or persons weighing 100 pounds or more and/or drag 180 pounds or more

___ ___ Successful performance requires specific vision abilities that include close vision, distance vision, peripheral vision, and depth perception

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 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?
If yes, give date _____

___ Yes ___ No

Have you ever been employed with Grant County
If yes, give date _____

___ Yes ___ No

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?
Proof of citizenship or immigration status will be required upon employment

___ Yes ___ No

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.

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 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. |
|---|

Signature of Applicant:	Date:
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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 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
Drug & 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.

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.

Applicant's Name (print or type)

Applicant's Signature

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



Grant County
Authority to Release Information

Human Resources:

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, 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: _____

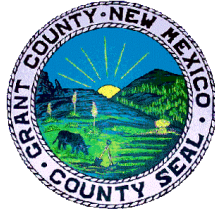
Type: Personal Professional

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.

How did you hear about current Grant County employment opportunity?

___ Newspaper ___ Radio Station ___ Facebook
___ Grant County Website ___ Grant County Employee ___ Other _____

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.