



# SHERIFF

## LEA COUNTY

### CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Return Completed Application To: Human Resources, Lea County Courthouse, 100 N. Main, Lovington, NM 88260  
 (575) 396-8605 • FAX (575) 396-1078

Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Completed applications must be signed and returned to the Lea County Human Resources Department. Lea County is an Equal Opportunity Employer. Resumes will not be accepted in lieu of fully completed applications.

Shift work is mandatory; rotation of shifts or transfers from one shift to another may also be required; irregular hours and overtime may also be required.

\_\_\_\_\_ (initial)

**LEGAL NAME:** \_\_\_\_\_  
 Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
 Street or P.O. Box City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_\_) \_\_\_\_\_

Are you known to schools or references, or former employers by another name? Yes \_\_\_ No \_\_\_

If "YES", by what name(s)? \_\_\_\_\_

Are you willing to travel? Yes \_\_\_ No \_\_\_ Are you at least 21 years of age? Yes \_\_\_ No \_\_\_

Are you legally able to own, possess, and carry a firearm in the State of New Mexico? Yes \_\_\_ No \_\_\_

Has your legal right to vote in any Federal, State or local election ever been revoke or denied? Yes \_\_\_ No \_\_\_  
 If your answer is "Yes", please explain in concise detail on a separate sheet of paper. This may not disqualify you but a false statement will.

Have you ever been suspended or dismissed from a job? Yes \_\_\_ No \_\_\_ If your answer is "Yes," explain in concise detail on a separate sheet of paper.

**EDUCATION** (NOTE: Applicants are required to provide proof of education: i.e., diploma, degree, transcripts, licenses, certifications and registrations.) Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or achieve a GED? Yes \_\_\_ No \_\_\_

Type of School	Name and Locations of School	Dates Attended				Semester Hours Completed	Graduated		Expected/or Graduation Date	Type of Diploma or Degree	Major and/or Minor Field of Study
		From	To	Yes	No						
		Mo.	Yr.	Mo	Yr.						
Undergraduate Colleges or Universities Graduate Schools Technical, etc.											
LICENSE / CERTIFICATION (P.E., Attorney, C.P.A., etc.)						Date Issued	Issued by (State or Other Authority)	License No.	Location of Issuing Authority (City & State)		

# EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

**NOTE: PLEASE LIST YOUR JOB HISTORY FOR THE PAST FIVE (5) EMPLOYERS. IF YOUR FIVE (5) LISTED EMPLOYERS DO NOT COVER A SPAN OF AT LEAST SEVEN (7) YEARS, PLEASE USE THE SUPPLEMENTAL EMPLOYMENT HISTORY PAGE.** Start with your current or most recent position. Include any periods in which you were not employed and explain what you were doing at that time. Use additional sheets if necessary and provide detailed information. Include US Military experience (show rank/rate at discharge), summer/part- time jobs and cooperative education assignments. If you need assistance, please ask. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use an employment history supplemental page or attach a typed employment history providing the same information in the same format as this application form.

Position Title: _____						Immediate Supervisor			Full Time _____		
Employer: _____						Name: _____			Part Time _____		
Mailing Address: _____						Title: _____			Summer _____		
City, State & Zip: _____						Supervisor's Telephone (____) _____			Temporary _____		
Employer's Telephone: (____) _____											
Start Date			Leaving Date			Total Number of Months	Beginning Salary	Current/ Final Salary	Technical _____ Non-Managerial _____ Supervisor / Managerial _____ If Supervisory, number of employees you supervised _____		Give Average Number of Hours Worked Per Week, if Part Time _____
Mth	Day	Yr	Mth	Day	Yr						
Summary of experience: _____											
_____											
_____											
Specific reason for leaving: _____											
Position Title: _____						Immediate Supervisor			Full Time _____		
Employer: _____						Name: _____			Part Time _____		
Mailing Address: _____						Title: _____			Summer _____		
City, State & Zip: _____						Supervisor's Telephone (____) _____			Temporary _____		
Employer's Telephone: (____) _____											
Start Date			Leaving Date			Total Number of Months	Beginning Salary	Current/ Final Salary	Technical _____ Non-Managerial _____ Supervisor / Managerial _____ If Supervisory, number of employees you supervised _____		Give Average Number of Hours Worked Per Week, if Part Time _____
Mth	Day	Yr	Mth	Day	Yr						
Summary of experience: _____											
_____											
_____											
Specific reason for leaving: _____											

Position Title: _____ Employer: _____ Mailing Address: _____ City, State & Zip: _____ Employer's Telephone: (____) _____	Immediate Supervisor Name: _____ Title: _____ Supervisor's Telephone (____) _____	Full Time _____ Part Time _____ Summer _____ Temporary _____
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Start Date			Leaving Date			Total Number of Months	Beginning Salary	Current/ Final Salary	Technical _____ Non-Managerial _____ Supervisor / Managerial _____ If Supervisory, number of employees you supervised _____	Give Average Number of Hours Worked Per Week, if Part Time _____
Mth	Day	Yr	Mth	Day	Yr					

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Position Title: _____ Employer: _____ Mailing Address: _____ City, State & Zip: _____ Employer's Telephone: (____) _____	Immediate Supervisor Name: _____ Title: _____ Supervisor's Telephone (____) _____	Full Time _____ Part Time _____ Summer _____ Temporary _____
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Start Date			Leaving Date			Total Number of Months	Beginning Salary	Current/ Final Salary	Technical _____ Non-Managerial _____ Supervisor / Managerial _____ If Supervisory, number of employees you supervised _____	Give Average Number of Hours Worked Per Week, if Part Time _____
Mth	Day	Yr	Mth	Day	Yr					

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Position Title: _____ Employer: _____ Mailing Address: _____ City, State & Zip: _____ Employer's Telephone: (____) _____	Immediate Supervisor Name: _____ Title: _____ Supervisor's Telephone (____) _____	Full Time _____ Part Time _____ Summer _____ Temporary _____
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Start Date			Leaving Date			Total Number of Months	Beginning Salary	Current/ Final Salary	Technical _____ Non-Managerial _____ Supervisor / Managerial _____ If Supervisory, number of employees you supervised _____	Give Average Number of Hours Worked Per Week, if Part Time _____
Mth	Day	Yr	Mth	Day	Yr					

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Special Skills / Qualifications: List ALL special skills you possess and machines or equipment you can use, such as calculators, printing or graphics, computer equipment, types of software and hardware, etc.

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Approximate Words Per Minute in Typing (Keyboard) Skills

What language(s) do you speak? \_\_\_\_\_

How fluently? Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_ Are you a certified interpreter? Yes \_\_\_\_ No \_\_\_\_

Have you ever been employed by Lea County? Yes \_\_\_\_ No \_\_\_\_ If Yes, list the departments and dates of employment.

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Do you have any relatives working for Lea County? Yes \_\_\_\_ No \_\_\_\_ If yes, list the names, relationships, and department where employed.

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REFERENCES: Please provide names, addresses and phone numbers of three references NOT related to you, exclude employers.

Name	Address	City / State	Phone Number

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand that incomplete applications will not be considered. I also understand that if I am employed by the County, I must comply with its policies, procedures and directives as a condition of employment. I further understand that no employee or representative of Lea County, other than the County Manager, has the authority to enter into any agreement for employment.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I, the undersigned, authorize any and all of present and past employers, law enforcement agencies, courts and motor vehicle departments to disclose information regarding my character, integrity, reputation, work performance and job duties to Lea County.
4. I understand that Lea County will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of Lea County.
5. It is the policy of Lea County that applicants given a *Conditional Offer of Employment* take a drug test to show they are substance free. In order to protect the safety of the County employees and the general public, any applicant who refuses to take such test and/or whose test shows illegal drug use will not be employed by Lea County.
6. Compensatory Time Provision: The Fair Labor Standards Act permits public employers to compensate employee's overtime hours in the form of time off.

THIS APPLICATION MUST BE SIGNED

Sign Here ► \_\_\_\_\_  
Applicant's Signature Date

# DRUG AND ALCOHOL POLICY APPLICANT'S OVERVIEW FORM

Lea 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 Lea County Drug and Alcohol Policy and consent to comply with all provisions of the policy.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LEA COUNTY SHERIFF'S DEPARTMENT 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.		4.	
2.		5.	
3.		6.	

### **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 law enforcement or public safety agency? Yes \_\_\_\_ No \_\_\_\_

If "Yes", list the agency information in the space below.

DATE	DEPARTMENT	CITY/STATE	STATUS

Have you ever received any law enforcement training? Yes \_\_\_\_ No \_\_\_\_ If "Yes", explain in the space below:

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What is the extent of your exposure to law enforcement activities? \_\_\_\_\_

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**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).

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# LEA COUNTY SHERIFF'S DEPARTMENT

The provisions of the Law Enforcement Training Act (NMSA 1978, Sections 29-7-1 to 29-7-13, as amended) and Lea County establishes the following criteria for training required for this position.

## REQUIREMENTS

An applicant for certification shall provide evidence satisfactory to the board that he/she:

1. Is a citizen or legal resident of the United States and has reached the age of majority;
2. Holds a high school diploma or the equivalent;
3. Holds a valid driver's license;
4. Has not been convicted of, pled guilty to or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding his application, to any violation of any federal or state law or local ordinance relating to:
  - a.) aggravated assault, theft, driving while intoxicated, controlled substances or other crime involving moral turpitude; and
  - b.) has not been released or discharged under dishonorable conditions from any of the armed forces of the United States;
5. After examination by a licensed physician, is free of any physical condition that might adversely affect their performance as a Sheriff's Deputy or prohibit them from successfully completing a prescribed basic law enforcement training required by the Law Enforcement Training Act;
6. Is of good moral character;
7. Has met any other requirements for certification prescribed by the board pursuant to regulations adopted by the board; and
8. Has previously been awarded a certificate of completion by the director attesting to the applicant's completion of an approved law enforcement training program.

In addition, the Lea County Sheriff's Department sets the following standards:

### *Initial*

\_\_\_\_\_ Prefer Honorable Discharge from any of the Armed Forces of the United States.

\_\_\_\_\_ No conviction of or for family violence criminal offense.

## ACADEMY FITNESS SCREENING STANDARDS

Applicants for the position of Sheriff's Deputy are required to meet fitness Screening Standards as required by the New Mexico Law Enforcement Academy. Applicants who are certified by the New Mexico Law Enforcement Academy and whose commission is current will have the written examination and Fitness Screening Standards waived.

Applicants who are certified by New Mexico Law Enforcement Academy and whose commission has lapsed, but are eligible for recommission through the "Certification by Waiver of Previous Training" Academy will have the written examination waived but must meet the Fitness Screening Standards.

Applicants who are certified in another state and who are eligible for the New Mexico Law Enforcement Academy's "Certification by Waiver of Previous Training" will have the written examination waived but must meet the Fitness Screening Standards.

## PHYSICAL ASSESSMENT

Applicants for the position of Sheriff's Deputy will participate in a fitness assessment.

## **WRITTEN EXAMINATION**

Written exams will be given on a regular basis as departmental need dictates. The exam takes approximately two hours to complete.

## **BACKGROUND INVESTIGATION AND REFERENCE CHECKING**

Applicants who successfully pass the written test will be scheduled to meet with a background investigator to start the background investigation which includes, but not limited to: reference checking. Upon completion of a background investigation and a reference check, results should not reveal any areas of concern which would be a contradiction of employment with the Lea County Sheriff's Department such as convictions of perjury (lying under oath).

## **ORAL REVIEW BOARD**

Applicants are interviewed by department representatives who will measure traits that are significant or necessary to perform the job, and demonstrate the applicants ability to relate ideas and answer questions relative to the job. Applicants who fail the oral review board may re-apply after twelve (12) months to reschedule a second oral interview if positions are available. Applicants may only appear before the board twice.

## **TERMS**

Conditional Offer of Employment: A conditional offer of employment will be extended to eligible applicants by Lea County Sheriff's Department personnel, prior to the required pre-employment tests. The conditional offer will be withdrawn if: the applicant tests positive for controlled substances, medical practitioner(s) reveal any areas of concern or if there are any other indicators which would be a contradiction of good moral character for employment with the Lea County Sheriff's Department.

Criminal background check: This check will be performed in conjunction with fingerprinting by a state approved agency.

## **POLYGRAPH EXAMINATION**

Following a conditional offer of employment, applicants for the positions of Deputy for the Lea County Sheriff's Department are required to participate in a polygraph examination.

## **PSYCHOLOGICAL EXAMINATION**

Following a conditional offer of employment, candidates for Sheriff's Deputy will participate in a psychological examination consisting of a written questionnaire and an interview with a psychologist. In compliance with the New Mexico Law Enforcement Academy regulations applicants who are not recommended for hire may be reported to the NM Law Enforcement Academy.

## **MEDICAL EXAMINATION**

Following a conditional offer of employment, applicants for the position of Sheriff's Deputy will undergo a physical examination by the County's appointed medical doctor. The examination is based upon the medical standards of the New Mexico Law Enforcement.

## **FINAL OFFER**

A final offer of employment and start date will be made by the Lea County after satisfactory completion of all portions of the selection process. Failure of any portion of the conditional offer testing is an automatic withdrawal of conditional offer of employment at the Lea County Sheriff's Department.





# ***LEA COUNTY SHERIFF'S DEPARTMENT***

*1417 South Commercial Street • Lovington, New Mexico 88260*

## **AGREEMENT AUTHORIZING RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I \_\_\_\_\_ am an applicant for a position with the Lea County Sheriff's Department. Lea County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of Lea County bearing the release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Lea County, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Lea County to consider in determining my suitability for employment with Lea County. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

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Applicant's Signature

I consent to your release of any and all public and private information that you may have pertaining to me, my work 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 me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of Lea County and its public employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of Lea County regardless of any agreement I may have made with you previously to the contrary. The Personnel Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

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Applicant's Signature

For and in consideration of Lea County's acceptance and processing of my application for employment, I agree to hold Lea County and its public employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Lea County. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Lea County in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by Lea County as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing or my signature.

This waiver is valid for a period of twelve (12) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his employer, agents, and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

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Applicant's Signature

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY:

\_\_\_\_\_  
Printed Name of Person Giving Request

\_\_\_\_\_  
Signature

/ /

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip Code

( ) ( )

\_\_\_\_\_  
Primary Phone#

\_\_\_\_\_  
Secondary Phone#

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_