



Job Specific Application Packet
DEPUTY
Grant County Sheriff's Office

**EMPLOYMENT APPLICATION FOR
DEPUTY
GRANT COUNTY SHERIFF'S DEPARTMENT**

Name _____

Date _____

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,.
- The information provided by you on this application will used to determine your qualifications for employment.
- Use blank ink and print



**JOB SPECIFICATION PACKET
GRANT COUNTY DEPUTY**

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. Attach (5) Personal References. References - must have complete mailing addresses and telephone numbers.
4. **You will be required to complete the Confidential Records Release Form and submit a copy of your driver's license.**
5. Please attach a copy of your military release DD 214 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.

**** Any returned mail not deliverable due to incorrect addresses could result as an incomplete application.**



Job Specific Supplemental Questions
DEPUTY
Grant County Sheriff's Office

- * 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 21 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 currently possess a Law Enforcement Certification?
- Yes No
- * 5 Do you have a valid unrestricted (not including restrictions for corrective lenses) New Mexico driver's license?
- Yes No
- * 6. Have you been convicted of a felony or misdemeanor? (This question is asked for Law Enforcement agency positions only)
- Yes No
- * 7. Do you have a current **New Mexico** Law Enforcement Certification?
- Yes No



GRANT COUNTY SHERIFF'S OFFICE
DEPUTY
Regular – Full Time – Union Represented

Title: Grant County Deputy
FLSA: Regular/Full-time/Union Represented
Salary: Certified - \$17.28 Uncertified - \$16.19

Applicant must file an employment application and a letter of interest with the Grant County Human Resources. The successful candidate will be required to serve a probationary period.

Job Summary:

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.

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.

Minimum Qualifications:

- Must be a U.S. citizen, 21 years of age at the time of employment.
- Must be a resident 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., post-offer medical exam, background check, driver's license record, etc.). Must be able to pass a physical agility test, a background investigation, firearms certification, psychological test, and drug screening.

Preferred Qualifications:

- Certified Deputy
- Ability to communicate in Spanish is a plus

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	
_____	_____	1. Answers calls and complaints involving automobile accidents, domestic disputes, robberies, assaults, and other felonies and misdemeanors
_____	_____	2. Patrol a designated area in a radio-equipped car, motorcycle, bicycle, and/or on foot to preserve law and order
_____	_____	3. Enforces traffic and other laws and ordinances
_____	_____	4. Assumes control at traffic accidents to maintain traffic flow
_____	_____	5. Assists accident victims, and investigates cause of accidents; apprehends suspects.
_____	_____	6. Search, inspect, transport, and take custody of prisoners; advises subjects of their rights; secures the crime scene.
_____	_____	7. Conducts preliminary investigations, identifies and instructs witnesses, gathers information, and prepares detailed reports.
_____	_____	8. Investigates suspicious conditions; conducts primary investigations of attempted or committed crimes.
_____	_____	9. Prepares investigative reports; prepares misdemeanor and felony cases for proper action; interviews witnesses.
_____	_____	10. Appears in court to present evidence, prosecutes and testifies on behalf of the state; maintains professional demeanor in the courtroom.
_____	_____	11. Prepare and submit daily activities and other written reports to superior officers.
_____	_____	12. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
_____	_____	13. Responsible for knowing and abiding by all department and county policies and procedures.
_____	_____	14. Performs other duties as assigned.

Other Requirements

Yes No

___ ___
___ ___
___ ___

1. Employee must comply with the safety guidelines of the County.
2. Employee must complete new hire physical examination.
3. Employee must pass pre-employment drug testing.

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.

Knowledge

Yes No

___ ___
___ ___
___ ___
___ ___
___ ___

1. 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.
2. Rules and regulations of the Sheriff's Office.
3. Analyzing complex law enforcement problems and situations.
4. Latest court interpretations of the legal obligations of law enforcement agencies.
5. First aid principles, practices, and techniques for both the ill and injured.

Ability:

Yes No

___ ___
___ ___
___ ___

1. Able to operate a motor vehicle and computer; use and maintain qualifications with all required firearms and other police-related equipment
2. Ability to understand rules and regulations of the Sheriff's Office
3. Ability to analyze complex law enforcement problems and situations

Skills:

Yes No

___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___

1. Follow oral and written instructions.
2. Observe situations analytically and objectively and to record them clearly and completely.
3. React quickly and calmly in emergencies and decide the best course of action.
4. Solve problems dealing with emotionally volatile issues.
5. Express one's self clearly and concisely, orally and in writing
6. Enforce the law with firmness, tact and impartiality.
5. 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 | |
|------------|-----------|--|
| ___ | ___ | 1. Must withstand vigorous physical demands common to law enforcement. |
| ___ | ___ | 2. 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. |
| ___ | ___ | 3. The employee must occasionally exert or lift objects or persons weighing 100 pounds or more and/or drag 180 pounds or more |
| ___ | ___ | 4. Successful performance requires specific vision abilities that include close vision, distance vision, peripheral vision, and depth perception |

Working Conditions:

- | Yes | No | |
|------------|-----------|---|
| ___ | ___ | 1. Most work is typically performed in an outdoor environment regardless of the weather conditions. |
| ___ | ___ | 2. Must be able to operate a law enforcement vehicle during both the day and night. |
| ___ | ___ | 3. 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. |
| ___ | ___ | 4. 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. |
| ___ | ___ | 5. Will be exposed to stressful and dangerous situations depending on the severity of the emergency |
| ___ | ___ | 6. The employee is occasionally exposed to vibration, such as a shotgun and/or off-road travel |
| ___ | ___ | 7. 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 (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, 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.

Position Applying For: _____

PLEASE PRINT

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? 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.

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 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.

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

RELEASE OF INFORMATION WAIVER

I consent and hereby authorize Grant County, by means of Grant County Sheriff's Department or Grant County Detention Center, or other entity/person who is suitable to and chosen by the County, to investigate my past and present work, character, credit record, 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 background and reputation, my military service records, educational records, my financial status, 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 Sheriff's Department, the Grant County Detention Center, 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.

Applicant Name (please print)

Date

Signature

DATE OF BIRTH _____ SOCIAL SECURITY# _____

DRIVER'S LICENSE# _____ STATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH: CITY _____ STATE _____

OTHER NAMES USED: _____

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