Job Specific Application Packet
Site Manager
Silver City Senior Center

Date _____

Name _____

Address (mailing) _____

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 dark ink and print.

Site Manager
Silver City Senior Center

The attached documents must be filled out completely and returned to the County Manager's Office/Human Resources**. <u>The position will remain open until filled.</u>** 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.

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.

1. Read the **Position Specifications** carefully. All items must be read and answered whether you ***can*** *or* ***cannot*** perform duties.

2. **Employment Experience on page nine (9) must be completed. If not completed, the application will be rejected and returned to the applicant.**

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**.**

5. **Submit a copy of your driver's license**.

6. The **Release of Information Waiver** must be signed in the presence of a Notary.

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.***

Supplemental Questions

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

   ___ Yes ___No

2. Are you 18 years of age?

   ___ Yes ___No

3. Do you have a valid New Mexico Driver's License?

   ___ Yes ___No

4. Do you have experience working in a commercial kitchen?

   ___ Yes ___No

   If you answered "Yes" to the question above, list the names of the employers where you gained supervisory experience. THESE EMPLOYERS MUST APPEAR IN THE WORK HISTORY SECTION OF THE APPLICATION.

5. Do you have experience working with the elderly?

   ___ Yes ___No

   If you answered "Yes" to the question above, list the names of the employers where you gained supervisory experience. THESE EMPLOYERS MUST APPEAR IN THE WORK HISTORY SECTION OF THE APPLICATION.

6. Do you have experience supervising employees?

   ___ Yes ___No

   If you answered "Yes" to the question above, list the names of the employers where you gained supervisory experience. THESE EMPLOYERS MUST APPEAR IN THE WORK HISTORY SECTION OF THE APPLICATION.

7. Which best describes your level of education?

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

Position:	**Site Manager – Silver City Senior Center**
Reports to:	**Senior Services Director**
Salary:	**$8.50**
FLSA:	**Part-time/Exempt from Bargaining Unit**
	Will remain open until filled

Job Summary:

Part-time position based at the Silver City Senior Center. Primary responsibilities are to oversee the daily activities of the Senior Center.

Job Duties:

1. Maintain a clean and safe facility for the Grant County Seniors.
2. Responsible for the ordering of food for the facility
3. Make sure the food is transported in a professional and in a timely manner.
4. Responsible for the training of all new hires
5. Provide support to all staff members.
6. Maintain a positive relationship with employees, administration and Seniors
7. Prepare and submit reports to management.
8. Make sure that all employees are following all applicable sanitation, health, and personal hygiene standards and following established food production programs and procedures.
9. Other duties as assigned

Minimum Qualifications

1. Must be 18 years of age
2. High School Diploma or GED certificate.
3. Experience working in an industrial kitchen
4. Possess basic computer skills
5. Valid New Mexico Driver's License (or obtain one, prior to employment) and possess a good driving record for insurance purposes.
6. Must be able to take a physical exam and pass a drug-screening test.
7. Successful applicant must complete a 6-month probationary period.

Preferred Qualifications

1. Ability to communicate in Spanish is a plus
2. Experience working with elderly
3. Experience supervising employees

Knowledge/Skills/Ability

1. Knowledge of kitchen organization, operation, sanitation and safety.
2. Knowledge of proper food handling and food storage
3. Ability to provide prompt and courteous service.
4. Ability to maintain regular and reliable attendance.
5. Able to competently and safely use tools and/or equipment and materials as listed and in the position conditions described.
6. Able to comply with all Senior Services and Grant County policies and procedures.

Physical Demands

1. Employee must be able to stand, walk, reach and possess manual dexterity to handle, feel or control objects and/or tools.
2. The employee will occasionally lift and move up to 40 pounds
3. The work is sedentary, typically requiring the employee to sit comfortable to do the work.
4. There may be some walking, standing, bending, carrying of light items, or driving an automobile.
5. The work area is adequately lighted, heated, and ventilated, and involves everyday risks or discomforts that require normal safety precautions and safe work practices.

Employee Declaration:

A. I have read the above Position Specifications (Site Manager) 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: _____

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	
_____	_____	Able to work part-time
_____	_____	Oversee the daily activities of the Senior Center
_____	_____	Maintain a safe and clean facility for the Seniors of Grant County
_____	_____	Able to train all new hires
_____	_____	Provide support to all staff members
_____	_____	Maintain a positive relationship with employees, administration and Seniors
_____	_____	Prepare and submit reports to management.
_____	_____	Make sure that the food is prepared according to State Regulations.
_____	_____	Make sure the food is ordered, prepared and transported to the Seniors in a safe and timely manner
_____	_____	Possess basic computer skills
_____	_____	Comply with all applicable sanitation, health, and personal hygiene standards.
_____	_____	Following established food production programs and procedures.
_____	_____	Able to communicate effectively both orally and in writing.
_____	_____	Able to follow written and oral instructions with minimal supervision.
_____	_____	Able to pass pre-employment drug and alcohol screening.
_____	_____	Able to competently and safely use tools and/or kitchen equipment and materials
_____	_____	Able to perform tasks which are supportive in nature to the essential functions of the job, but which may be altered or redesigned depending upon individual circumstances
_____	_____	Willing to assist with other duties as assigned.
_____	_____	Ability to communicate in Spanish
_____	_____	Experience working with elderly
_____	_____	Experience working in an industrial kitchen
_____	_____	Knowledge of kitchen organization, operation, sanitation and safety.
_____	_____	Knowledge of proper food handling and food storage
_____	_____	Skills in providing prompt and courteous service.
_____	_____	Ability to maintain regular and reliable attendance.
_____	_____	Able to competently and safely use tools and/or equipment and materials as listed and in the position conditions described.
_____	_____	Able to comply with all Senior Services and Grant County policies and procedures.
_____	_____	Able to stand, walk, reach and possess manual dexterity to handle, feel or control objects and/or tools.
_____	_____	Able to occasionally lift and move up to 40 pounds.
_____	_____	Required to walk, stand, bend, and carry light items, or driving an automobile.

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:

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 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. **Employment Experience must be complete otherwise it 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:		

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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.

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

Signature of Applicant: Date:

GRANT COUNTY
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 to 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

RELEASE OF INFORMATION WAIVER

I consent and hereby authorize Grant County, by means of Grant County Human Resources, or other entity/person who is suitable to and chosen by the County, to investigate my past and present work, character, former employment 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 motor vehicle report, 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, 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 NAME USED:_____