

RIO ARRIBA COUNTY SHERIFF'S DEPARTMENT

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Use typewriter or print in black ink. Answer all questions. Any incomplete or improperly filled out applications will not be considered. This application requires you to attach certain documents, which should be stapled to the application when submitted. Failure to attach the required documents will result in rejection of the application.

Name _____ **Date** _____
Last First Middle

Mailing Address _____

Physical Address _____

Position(s) Applied For _____

DOB _____ Age _____ SSN _____ Phone# _____
Message# _____

EDUCATION:

Do you have a High School Diploma _____ Highest grade completed _____

G.E.D. Certificate _____ (Attach photo copy of diploma or G.E.D.)

College _____ Major _____ Minor _____ Degrees _____
(Attach photo copy)

GENERAL:

Do you have a current New Mexico Drivers License? Yes ____ No ____

Driver's License No. _____ State _____

Are you legally eligible for employment in the United States? Yes ____ No ____

Have you ever been convicted of a crime? Yes ____ No ____
(if yes, give dates, location, charges and dispositions of case)

Are you related (by blood or marriage) to any person currently employed in the Sheriff's Department?
Yes ____ No ____

If yes, who/what relationship _____

Can you travel if job requires it? Yes ____ No ____

PHYSICAL/MEDICAL CONDITION:

Are you willing to take a physical agility test? Yes ____ No ____

If no briefly explain any physical defects, serious illness, injury or operation(s) you have had.

Can you perform the duties of the job you are applying for? Yes ____ No ____

Do you wear corrective lenses? Yes ____ No ____

What is your vision in each eye without corrective lenses?

Left ____ Right ____

Are you willing to take a medical and psychological examination?

Yes ____ No ____

NOTE:

Please attach a copy of your birth certificate or naturalization papers certifying that you are a citizen, Drivers license and fingerprints (forms provided by the Sheriff's Office) for an F.B.I. and New Mexico State Police arrest records check. The results of those checks will be attached to your application.

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, religious gender, national origin, handicap or protected status.

1. Employer: _____
Address: _____
Phone Number (required): _____
Job Title: _____
Supervisor: _____
Dates Employed: From: _____ To: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

2. Employer: _____
Address: _____
Phone Number (required): _____
Job Title: _____
Supervisor: _____
Dates Employed: From: _____ To: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

3. Employer: _____
Address: _____
Phone Number (required): _____
Job Title: _____
Supervisor: _____
Dates Employed: From: _____ To: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

State any information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

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 rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____

Department _____

By _____

Name and Title

Date

**RIO ARRIBA COUNTY SHERIFF'S DEPARTMENT
BACKGROUND HISTORY/RECORDS – RELEASE OF LIABILITY
ACKNOWLEDGMENT OF CONFIDENTIALITY**

DOB: _____ SOC: _____

Applicant's Name (Please Print)

I _____ am an applicant for a position with the Rio Arriba County Sheriff's Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Rio Arriba County Sheriff's Department. I hereby authorize Rio Arriba County Sheriff's Department Recruiting/Selection personnel bearing this document to obtain any information in your files pertaining to me and I hereby direct you to release such information upon request to the bearer. I do hereby authorize a review of a full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Rio Arriba County Sheriff's Department, 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 my background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Rio Arriba County Sheriff's Department to consider in determining my suitability for employment with the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

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, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by me or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed. I request that you allow employees, including supervisors and coworkers to be interviewed by Rio Arriba County Sheriff's Department Recruiting/Section detectives regarding any aspects of my employment with you or your organization.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with such. I hereby expressly waive any claim of privilege with respect to any disclosures made pursuant to this release. I direct you to release such information upon request of the duly accredited representative of the Rio Arriba County Sheriff's Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to the release will discontinue processing my application if you refuse to disclose the information requested.

Initials

**BACKGROUND HISTORY/RECORDS
RELEASE OF LIABILITY**

For and in consideration of the Rio Arriba County Sheriff's Department's acceptance and processing of my application for employment, I agree to indemnify and to hold the County of Rio Arriba, its agents and 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 the Rio Arriba County Sheriff's Department. I understand that should information of a serious criminal nature surface as a result of this investigation, 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 disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Rio Arriba County Sheriff's Department in conjunction with employment procedures. I further understand that information furnished will remain confidential and will be used for the use of the Rio Arriba County Sheriff's Department personnel, and will not be released to me now or in the future.

I hereby acknowledge understanding and agree that all information and materials gathered by the Rio Arriba County Sheriff's Department, either for me or from other sources is and shall remain the sole and exclusive property of the Sheriff's department, including but not limited to all test instruments, questionnaires, inquiries, acknowledgments, credit reports, and any other document which might be found in my background file.

A photocopy of FAX copy of this release form will be valid as the original thereof, even though the said photocopy of FAX copy does not contain original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the County of Rio Arriba, the Rio Arriba County Sheriff's Department and the person and/or organization to whom this request is presented and their agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying or attempting to comply with this request. I acknowledge that the burden of providing my qualifications for such employment is at all times upon me.

Applicants Name _____
(Please Print)

Social Security # _____

Applicant's address _____

Signature _____ Date ____/____/____

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public My Commission expires _____