

Lea County Communication Authority 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

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Must be signed. Lea County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, ancestry, religion, age or disability in employment. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of fully completed applications.

LEGAL NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

Phone (_____) _____ Or (_____) _____

Are you known to schools or references, or former employers by another name? Yes < No <
 If <YES< by what name (s)? _____

LIST (ONLY ONE) EXACT TITLE OF POSITION AND DEPARTMENT FOR WHICH YOU WISH TO APPLY

Full-Time < Part-Time < Summer < Temporary < Date available for work _____
 Expected Salary _____

Are you willing to work hours other than 8 a.m. to 5 p.m.? Yes < No < Are you willing to work days other than Monday-Friday? Yes < No <
 Are you willing to travel? Yes < No < If yes, what percent of time?
 Are you at least 18 years of age? Yes < No <

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 Mo.	From Yr.	To Mo.	To Yr.		Yes	No			
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)

Legal Name _____
 Last Name First Name Middle Name Social Security Number

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: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()						Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time < Part Time < Summer < Temporary <
Starting 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
Mo	Day	Yr	Mo						
Summary of experience: _____ _____									
Specific reason for leaving: _____									
Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()						Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time < Part Time < Summer < Temporary <
Starting 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
Mo	Day	Yr	Mo						
Summary of experience: _____ _____									
Specific reason for leaving: _____									

Summary of experience: _____ _____									
Specific reason for leaving: _____									

Legal Name _____
 Last Name First Name Middle Name Social Security Number

EMPLOYMENT HISTORY- SUPPLEMENTAL PAGE

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()	Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()	Full Time < Part Time < Summer < Temporary <
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Starting Date	Leaving Date	Total Number of Months	Beginning Salary	Current/ Final Salary	Technical Non-Managerial Supervisor/Managerial		Give Average Number of Hours worked per week if part-time
Mo Day Yr	Mo Day Yr	Months			If Supervisory, number of employees you supervised	<	<
						<	

Summary of experience: _____

Specific reason for leaving: _____

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()	Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()	Full Time < Part Time < Summer < Temporary <
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Starting Date	Leaving Date	Total Number of Months	Beginning Salary	Current/ Final Salary	Technical Non-Managerial Supervisor/Managerial		Give Average Number of Hours worked per week if part-time
Mo Day Yr	Mo Day Yr	Months			If Supervisory, number of employees you supervised	<	<
						<	

Summary of experience: _____

Specific reason for leaving: _____

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()	Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()	Full Time < Part Time < Summer < Temporary <
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Starting Date	Leaving Date	Total Number of Months	Beginning Salary	Current/ Final Salary	Technical Non-Managerial Supervisor/Managerial		Give Average Number of Hours worked per week if part-time
Mo Day Yr	Mo Day Yr	Months			If Supervisory, number of employees you supervised	<	<
						<	

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, backhoe, grader, forklift, welder, eighteen wheeler, etc.

Approximate Words Per Minute in Typing (Keyboard) Skills _____ (If required for this position)

What language(s) do you speak _____

How fluently? Fair < Good < Excellent <

Are you a certified interpreter? Yes < No <

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

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

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 my 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 the County of Lea.
4. I understand that the County of Lea 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 the County of Lea.
5. It is the policy of the County of Lea 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 workers and the public, any applicant who refuses to take such test and/or whose test shows illegal drug use will not be employed by the County of Lea.
6. Compensatory Time Provision: The Fair Labor Standards Act permits public employers to compensate employee's overtime hours in the form of time off. Hours which are not "completed" in the same work week will accrue on the basis of time and one-half. Other compensatory time provisions apply to public safety personnel in accordance with Section 207(k) of the FLSA.

THIS APPLICATION MUST BE SIGNED

Sign Here ►

Applicant's Signature

Date

DRUG AND ALCOHOL POLICY APPLICANT'S OVERVIEW FORM

The County of Lea 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 for regular full or part-time safety-sensitive positions and temporary positions, will 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 conformation 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 and firearm discharge.

I certify that I have read the above overview of the County of Lea Drug and Alcohol Policy and consent to comply with all provisions of the policy.

Social Security Number

Printed Name

Signature

Date

LEA COUNTY COMMUNICATION AUTHORITY

SUPPLEMENT QUESTIONNAIRE

Emergency Communication Specialist

Full Legal Name:	LAST,	FIRST,	MIDDLE TODAY'S DATE
List any other name you have used (maiden, nicknames, married, etc.)			
1.		4.	
2.		5.	
3.		6.	

The provisions of the Law Enforcement Training Act (29-7-1 to 29-7-11 NMSA 1978) established the following specific criteria for admissions to the law enforcement academy and mandated certification(s).

REQUIREMENTS FOR **EMERGENCY COMMUNICATION SPECIALIST**:

1. be a citizen of the United States and reached the age of majority (18 years of age);
2. hold a High School diploma or GED;
3. possess a valid New Mexico driver's license;
4. have not been convicted of or pled guilty to or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding their application, to any violation of any federal or state law or local ordinance relating to aggravated assault, theft, driving while intoxicated, controlled substances or other crime involving moral turpitude and **HAVE NOT BEEN RELEASED OR DISCHARGED UNDER DISHONORABLE CONDITIONS FROM ANY OF THE ARMED FORCES OF THE UNITED STATES.**
5. after examination by a certified psychologist, found to be free of any emotional or mental condition which might adversely affect performance as an Emergency Communication Specialist or be prohibited from successfully completing prescribed basic Police Radio Dispatcher training required by the Law Enforcement Training Act (29-7-1 to 29-7-11 NMSA 1978).
6. be of good moral character;
7. have met any other requirements for certification prescribed by the board pursuant to regulations adopted by the board; and
8. applicant affidavit of United States citizenship

Item #9 is applicable to Emergency Communication Specialist applicants only:

9. after examination by a licensed physician, found to be free of any physical condition which might adversely affect performance as a Emergency Communication Specialist or be prohibited from successfully completing prescribed basic Police Radio Dispatcher training required by the Law Enforcement Training Act (29-7-1 to 29-7-11 NMSA 1978);

FULL NAME:	LAST,	FIRST,	MIDDLE	TODAY'S DATE
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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 recency of usage. Information regarding drug usage will be included in post-offer polygraph.

COMPUTER BASED EXAMINATION

A computer based examination will be given on as departmental need dictates. This exam measures the candidates primary knowledge, skills, and abilities (KSAs) necessary for dispatching, including: decision making, data entry, character comparison, call summarization, cross referencing, vocalization, memory recall, prioritization, math and probability, map reading, spelling, reading comprehension, and sentence clarity. The exam takes approximately 90 minutes to complete. The exam is graded and pass/fail results will be provided to the applicants in approximately two (2) weeks. To participate in the testing process applicants must bring A STATE ISSUED PHOTO I.D.

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 & criminal history. Upon completion of a background investigation and a reference check, results should not reveal any areas of concern which would be a contraindication of employment with the Lea County Communication Authority 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.

POLYGRAPH EXAMINATION

During the employment phase, applicants for the positions of Emergency Communication Specialist for the Lea County Communication Authority (LCCA) are required to participate in a polygraph examination.

TERMS

Conditional Offer of Employment: A conditional offer of employment will be extended to eligible applicants by Lea County Communication Authority personnel, prior to the required drug screen, psychological, medical and physical examinations. 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 contraindication of good moral character for employment with the Lea County Communication Authority.

FULL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

CRIMINAL HISTORY

Have you ever been convicted by any court, board or special judicial authority for any violation of Federal, State, County or Municipal law, regulation, or ordinance, including events while you were a juvenile and/or events while you were in the military that resulted in loss of pay or privileges, detention, and/or reductions in grade (this does not include traffic offenses unless you were placed in custody)? A yes answer does not automatically disqualify you for this position, but failure to disclose this information will result in disqualification.

[] YES [] NO

If you check "Yes," in the space below list the required information for EACH event.

DATE	CHARGE	LOCATION (CITY/STATE)	CURRENT STATUS

FULL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

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

DATE	DEPARTMENT	CITY/STATE	STATUS

If not hired, indicate what reason(s) you were given except items covered by the American with Disabilities Act (ADA).

Have you ever received any law enforcement training? [] YES [] NO *If YES, explain in the space below

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

LEA COUNTY EMPLOYEE BENEFITS

BENEFITS ***	TO WHOM	EMPLOYEE PAYS	COUNTY PAYS
Bereavement Leave (up to 5 days)	All Employees	None	Yes
Deferred Compensation Plan (Section 457B)	All Employees	Voluntary Deduction	None
Direct Deposit	All Employees	None	Yes
Group Health Insurance: Dental Insurance: Vision Insurance:	All Employees All Employees All Employees	Monthly 5% 5% 5%	Monthly 95% 95% 95%
P.E.R.A.	Civilian Employees Sheriff's Deputies	4.575% 8.85 %	13.725% 22.0 %
Jury Leave	All Employees	None	Yes
Life Insurance	All Employees	5%	95%
Military Leave	All Employees	None	Yes
Optional Life Insurance	All Employees	Varies	None
Paid Holidays (10 Days)	All Employees	None	Yes
Pre-Tax Premium (Section 125)	All Employees	None	None
Workers Compensation	All Employees	None	Yes
County Uniforms	Designated Jobs	None	Yes
Annual Leave Hours	1-5 years/3.75 per pay period** 6-10 years/4.75 per pay period** 11-15 years/5.75 per pay period** 16+ years/6.75 per pay period**	None	Yes
Sick Leave Hours	1-10 years/3.75 per pay period** 10+ years/4.75 per pay period**	None	Yes

***see Lea County Personnel Ordinance for details

**Varies on years of County Service

COUNTY OF LEA

Please type or print in black ink

LEGAL NAME: _____
LAST FIRST MIDDLE

POSITION TITLE: _____ DEPT: _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:

As an employer, we wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment and which protect the disabled veterans and veterans who served on active duty during the Vietnam Era.

Submission of this information by you is voluntary and you will not be subjected to any adverse treatment if you do not provide the information requested.

This form will not be considered as part of the application for employment. It will be separated from the application by the personnel department.

APPLICANTS IDENTIFYING THEIR SEX AND RACE

Sex Classification (mark only one below):

Male Female

EEO Classification (mark only one below):

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- White

_____ DATE OF BIRTH

How did you hear of this position? _____

Signature

Date

LEA COUNTY COMMUNICATION AUTHORITY

301 N. Dalmont St • Hobbs, New Mexico
88240

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I _____ am an applicant for a position with the Lea County Communication Authority. The County of Lea 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, (except for information covered by the Americans Disabilities Act, ("ADA").

I hereby authorize any representative of the County of Lea 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 the County of Lea, 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 the County of Lea to consider in determining my suitability for employment with the County. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

Applicants Initials

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 County of Lea, including its officers, employees, and other 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 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 the County of Lea 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.

For and in consideration of the County of Lea's acceptance and processing of my application for employment, I agree to hold the County of Lea, 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 County of Lea. 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 the County of Lea in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the County of Lea 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.

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:

**PRE-EMPLOYMENT
PSYCHOLOGICAL EVALUATION
WAIVER OF CONFIDENTIALITY**

I understand that after a conditional offer of employment has been made for an Emergency Communication Specialist with the Lea County Communication Authority, I will be examined by a physician or qualified psychologist and be found to be free of any emotional or mental condition which might adversely affect my ability as an Emergency Communication Specialist. Such examination or examinations will include, but not necessarily be limited to, the Minnesota Multiple Personality Inventory (MMPI) and not less than one clinical interview session with the physician or qualified psychologist.

I further understand that the results of my psychological examination or examinations will be reviewed by personnel of Lea County for determination of the suitability of my mental or emotional condition for Emergency Communication Specialist with or without reasonable accommodation with American's with Disabilities Act (ADA).

Therefore, I waive any privilege of confidentiality of "physician-patient relationship," or "psychotherapist-patient relationship," to the extent that the results of the examination hereinbefore described may now or at any future time be released to Lea County, its officers, agents or assigns, for the purpose of assessing my emotional and mental suitability for detention officer duties and authorize such physicians, psychologists, their agents or employees, to release such records.

Dated this _____ day of _____, 20 _____, in the County of _____
State of _____.

Printed name of person giving consent

Signature of the person giving consent

LEA COUNTY COMMUNICATION AUTHORITY

APPLICANT PACKET CHECKLIST

APPLICANT'S FULL LEGAL NAME: LAST FIRST MIDDLE

SOCIAL SECURITY #: _____ TODAY'S DATE: _____

	Initials
County of Lea Original Employment Application	_____
Supplemental Questionnaire	_____
County of Lea/Drug & Alcohol Policy Form	_____
County of Lea/EEO Compliance Form	_____
Authorization for Release of Information Agreement (to be signed in the presence of a Notary Public)	_____
Pre-Employment Psychological Evaluation Waiver of Confidentiality	_____
Willingness Questionnaire	_____
Copy of High School Diploma or GED Certificate (Plus Highest Level completed ie. Associates, Bachelors, Masters, Doctorates)	_____
Military DD214 Member 4 copy and/or NGB FORM 22 (If applicable)	_____
Copy of Valid State Driver's License	_____
Copy of Social Security Card	_____
Certified Copy of Law Enforcement Academy Certification (Location)	_____

NOTES: _____
