



Lea County Detention Center
LOVINGTON, NEW MEXICO

CONFIDENTIAL APPLICATION
FOR EMPLOYMENT

HUMAN RESOURCES – 100 N. Main, Suite 4 – 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. Be sure to sign when completed. 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. Unless specifically stated in the job vacancy notice, resumes are not accepted by Lea County.

LEGAL NAME (Last) (First) (Middle)

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

PHONE ALTERNATE NO.

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

If yes, by what name (s)?

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

Date available for work Expected Salary

Do you wish to work Full-Time () Part-Time ()

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 ()

Are you at least 21 years of age? Yes () No ()

Driver's License (REQUIRED FOR POSITION) State Number Expiration Date?

HAVE YOU EVER BEEN CONVICTED BY FEDERAL, STATE OR ANY OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL STATE, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? Yes () No () If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction 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, certifications and registrations.)
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Did you graduate? Yes () No () GED? Yes () No ()

Type Of School	Name & Locations of Schools	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			
High School									
College									
Technical									
LICENSE / CERTIFICATION (P.E., Attorney, CPA, etc.)		Date Issued	Issued by (State or Other Authority)		License No.		Location of Issuing Authority (City & State)		

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.

What language(s) do you speak and or write fluently? _____

How fluently? Fair () Good () Excellent ()

Have you ever been employed by Lea County? Yes () No () If yes, list the departments and dates of employment _____

REFERENCES: Please provide names, addresses and phone number of three references NOT related to you (exclude former employers) in order to be considered for employment.

Name	Address	City/State	Phone Number

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

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, separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. 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 for any specified period of time.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

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 **Lea County**.

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**.

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 co 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 **Lea County**.

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 as a leader in promoting a drug-free work force.

All applicants, upon a conditional offer of employment for regular, full-time or part-time, safety-sensitive positions and temporary positions, will be required to submit a 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 for substances that may be associated with prescription medication, the applicant will be given the opportunity to report any medications that have been recently used to the Director of Human Resources, and will be asked to supply proof of valid prescription.

An applicant who tests positive on an alcohol/drug test may elect to have, at the applicant's expense, a portion of the original specimen retested by another approved testing facility, using the cut-off levels established in the Lea County Alcohol and Substance Abuse Policy and Procedure. The request for a retest must be made within two working days of the applicant's notification of positive results. The original testing laboratory shall then arrange for the shipment of the sample to the approved testing facility of the applicant's choosing. The County shall reimburse the applicant for the retest if the retest is negative.

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

Social Security Number

Printed Name

Date

Applicant's Signature

REQUIREMENTS FOR DETENTION OFFICERS

Be eligible to work legally in the United States

Be at least 21 years of age;

Hold a High School diploma or GED;

Possess a valid NM driver's license;

Be of good moral character

Detention Center Information

The Lea County Detention Center is a 400 bed adult facility with a 32 bed juvenile facility.

SALARY:

The starting salary for a detention officer is \$13.50 per hour. You will be on probationary status for a twelve (12) month period.

WORKING CONDITIONS:

Detention officers work four days on and three days off on one week followed by three days on and four days off the next week, with rotation every three (3) months. The shifts are 12 hours in length and run from 10 a.m. to 10 p.m. or 10 p.m. to 10 a.m. The Juvenile unit hours are 7:30 a.m. to 7:30 p.m. or 7:30 p.m. to 7:30 a.m.

A detention officer is hired to work anywhere in the facility as needed. In other words, officers are not hired to work especially on the adult side or especially on the juvenile side. Duties and shifts are assigned after hire based on the detention center needs and may be changed at any time.

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.

Detention officers do come into direct contact with inmates. Therefore, physical risks are part of this job.

UNIFORMS:

The County will furnish your uniforms. You will be required to furnish a black belt and black non-skid boots. The Lea County Detention Center has a uniform and grooming policy with which you must conform. Tattoos **MUST** be covered.

TERMS:

Conditional Offer of Employment: A conditional offer of employment will be extended to eligible applicants by Detention Center personnel, prior to the required drug/alcohol screen, medical and polygraph examination. 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 Detention Center.

MEDICAL EXAMINATION:

Following a conditional offer of employment, applicants for the position of Detention Officer will undergo a physical examination by the County's appointed medical provider.

POLYGRAPH EXAMINATION:

Following a conditional offer of employment, applicants for the position of Detention Officer are required to participate in a polygraph examination.

FINAL OFFER:

A final offer of employment and start date will be made by the 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 by the Lea County Detention Center.

CRIMINAL HISTORY

Have you ever been convicted of a violation of ANY criminal law either felony or misdemeanor, including set offenses and drug related offenses, 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 reduction in grade? (this does not include traffic offenses unless you were placed in custody) YES () NO ()

If you checked "YES", list below the required information for EACH event.

DATE	CHARGE	LOCATION (CITY/STATE)	DISPOSITION

DRIVING HISTORY

Do you currently have a valid driver's license? YES () NO ()

STATE	LICENSE CLASS	EXPIRATION DATE	LICENSE NUMBER	RESTRICTIONS

Have you ever had a driver's license? YES () NO ()

If you checked "YES", list all states where you have been licensed and/or all names you have been licensed under.

NAME	STATE

Have you ever had a driver's license revoked or suspended by the licensing authority (state or court)? YES () NO ()

If you checked "YES", list the required information below

FROM	TO	STATE	REASON

NARCOTICS HISTORY

The use of any of the following drugs within a five (5) year period prior to application will be cause for disqualification:

Cocaine, Heroin or 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.

Please answer "YES" or "NO" on the chart below regarding the illegal use of drugs within the past five (5) years. List your explanation on the lines provided if you answered "YES" to that drug.

DRUG	YES	NO	EXPLANATION
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, pain killers)			

Have you ever engaged in the illegal use of drugs, including the consumption of a prescription drug not prescribed to you? YES () NO ()

Have you ever illegally obtained any prescription drugs or controlled substances? YES () NO ()

Have you ever illegally sold or furnished any narcotics or drugs to anyone? YES () NO ()

Have you ever illegally purchased any narcotics or drugs? YES () NO ()

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	All Employees	5%	95%
Dental Insurance	All Employees	5%	95%
Vision Insurance	All Employees	5%	95%
Life Insurance	All Employees	5%	95%
P.E.R.A. (Retirement)	Civilian Employees	4.575%	13.725%
	Sheriff's Deputies	8.85%	22.0%
Jury Leave	All Employees	None	Yes
Military Leave	All Employees	None	Yes
Optional Life Insurance	All Employees	Varies	None
Paid Holidays (10 Days)	All Employees	None	Yes
POP (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 hours per pay period ** 6-10 years/4.75 hours per pay period** 11-15 years/5.75 hours per pay period** 16+ years/6.75 hours per pay period**	NONE	YES
Sick Leave Hours	1-10 years/3.75 hours per pay period** 10+ years/4.75 hours per pay period**	NONE	YES

***See Lea County Personnel Ordinance for details

**Varies on years of County Service

CONFIDENTIAL

LEA COUNTY APPLICANT PROFILE

This page will be used only for statistical purposes in complying with the record keeping requirements of the Federal Government and to assure equal employment opportunity in the County's hiring practices.

This profile will be filed separately from your application and the information contained will not be used in determining eligibility for employment. Participation is voluntary, but encouraged.

Thank you for your interest in Lea County Government. Lea County is an equal opportunity employer.

Position(s) applied for: _____

Today's Date: _____ Date of Birth: _____

Name: _____

Address: _____
Street/PO Box City State Zip

1. Are you a veteran? () YES () NO
If so, what branch and when? _____
2. Are you a Male or Female? _____
3. What is your ethnic background? (Please check only one)
() White
() African-American
() Hispanic
() American Indian or Alaskan Native
() Asian or Pacific Islander
() Other (Please explain) _____
4. How did you learn about this job? (Please check only one)
() Newspaper
() Walk in
() Referral by current/past employees
() Telephone inquiry
() Radio / TV
() Internet / Website
() Other (Please explain) _____
5. Do you consider yourself or do others consider you to be handicapped or disabled? () YES () NO
6. Do you have any physical limitations that without reasonable accommodations could affect your ability to successfully perform the job for which you are applying? () YES () NO
If YES, please explain below:

<u>DATE</u>	<u>INJURY</u>	<u>EMPLOYER</u>	<u>DOCTOR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WILLINGNESS QUESTIONNAIRE DETENTION CENTER

NAME: _____ DATE: _____

Please answer the following questions concerning the Detention Officer position for which you are applying

1. Are you willing to work on legal holidays (Christmas Day, Thanksgiving, July 4th)? () YES () NO
2. Are you willing to work rotating shifts? () YES () NO
3. Are you willing to report for duty upon short notice or on days off, sacrificing your and your family's personal plans? () YES () NO
4. Are you willing to spend hours writing reports if necessary, after your shift is over? () YES () NO
5. Are you willing to work 16 hours in a row if necessary? () YES () NO
6. Are you willing to handle situations that involve the possibility of injury to yourself? () YES () NO
7. Are you willing to accept a court decision that runs contrary to your own wishes? () YES () NO
8. Are you willing to accept being told exactly what to do? () YES () NO
9. Are you willing to maintain your composure while being insulted or sworn at? () YES () NO
10. Are you willing to risk your life for the safety of an inmate or fellow officer? () YES () NO
11. Are you willing to enforce rules and regulations that you do not agree with? () YES () NO
12. Are you willing to accept change on a frequent basis? () YES () NO

If you answered NO to any of the above questions please reconsider applying for this position

LEA COUNTY DETENTION CENTER

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

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

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 there of, 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 the County. It is my specific intent to provide access to personal 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 pertaining to me, my work background and reputation, my military 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, 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 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.

For and in consideration of Lea County's acceptance and processing of my application for employment, I agree to hold Lea County, 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 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.

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. 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.

EMPLOYMENT TRAINING

Have you ever applied for a position with any jail, detention center or prison? YES () NO ()

DATE	NAME OF FACILITY	DISPOSITION

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

Have you ever received any jail, detention or prison training? YES () NO ()

If yes, please explain _____

What is the extent of your exposure to jail, detention or prison activities? _____

EMPLOYMENT HISTORY

List present or most recent positions first. List all adult employment.
DO NOT WRITE: "See Resume"

Company Name

Company Address/City/State

Company Phone Number w/Area Code

Your Position/Title

Name of Immediate Supervisor/Supervisor's Title

Supervisor's Telephone Number

Beginning Salary

Ending Salary

Start Date
MM/YYYY

Ending Date
MM/YYYY

Hours Worked
Per Week

Describe Your Duties: _____

Reason for Leaving: _____

May we contact your present employer? YES NO

Company Name

Company Address/City/State

Company Phone Number w/Area Code

Your Position/Title

Name of Immediate Supervisor/Supervisor's Title

Supervisor's Telephone Number

Beginning Salary

Ending Salary

Start Date
MM/YYYY

Ending Date
MM/YYYY

Hours Worked
Per Week

Describe Your Duties: _____

Reason for Leaving: _____

May we contact your present employer? YES NO

EMPLOYMENT HISTORY

You may copy and attach several pages if necessary

Company Name

Company Address/City/State

Company Phone Number w/Area Code

Your Position/Title

Name of Immediate Supervisor/Supervisor's Title

Supervisor's Telephone Number

Beginning Salary

Ending Salary

Start Date
MM/YYYY

Ending Date
MM/YYYY

Hours Worked
Per Week

Describe Your Duties: _____

Reason for Leaving: _____

May we contact your present employer? _____ YES _____ NO

Company Name

Company Address/City/State

Company Phone Number w/Area Code

Your Position/Title

Name of Immediate Supervisor/Supervisor's Title

Supervisor's Telephone Number

Beginning Salary

Ending Salary

Start Date
MM/YYYY

Ending Date
MM/YYYY

Hours Worked
Per Week

Describe Your Duties: _____

Reason for Leaving: _____

May we contact your present employer? _____ YES _____ NO