



MORA COUNTY SHERIFF'S OFFICE

P.O. BOX 659, Mora New Mexico 87732
 575-387-2222
 575-387-6600 (Fax)



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital, or veteran status, or the presence of a medical condition or disability unless a bona fide occupational qualification for position.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.

If high school/ GED or college education is required, attach a copy of diploma, degree or appropriate transcripts to each application. Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required attachments. DO NOT submit a resume in lieu of this application. Read recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking. THE SELECTION PROCESS. Upon the closing date of the announcement, the Sheriff will review all applications received to determine if applicants meet the minimum qualifications for the position. Applicants are then called in for an interview.

NAME-Last	First	Initial	Home Phone:
ADDRESS-Street			Mailing
Business or Message Phone:			
City	State	Zip Code	Please list any different names you have used for school or employment

1. Position applying for?
2. Do you have a valid driver's license? Class A B C D Other State issued in: Number: Yes <input type="checkbox"/> No <input type="checkbox"/> (Circle Class Letter)
3. Have you been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain and provide dates:
4. Have you previously worked or do you now work for the Mora County Sheriff's Office? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates: Employment records for former and current County employees will be made available to hiring officials upon request.
5. Does the Mora County Sheriff's Office employ any relative of yours? Yes <input type="checkbox"/> No <input type="checkbox"/>

NAME- Last	First	Initial
EDUCATION, LICENSES, CERTIFICATIONS Check (√) and fill in appropriate area		High School Graduate/ GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> ATTACH A COPY OF DIPLOMA OR CERTIFICATE
<input type="checkbox"/> Vocation/ Technical	Hours Completed	<input type="checkbox"/> Business College
<input type="checkbox"/> School- Major Field		Hours Complete
		<input type="checkbox"/> Major Field

COLLEGE OR UNIVERSTIY

UNDERGRADUATE		GRADUATE	
School(s)		School(s)	
Major Field(s)		Major Field(s)	
Degree Earned	Date of Degree	Degree Earned	Date of Degree

LICENSE OR CERTIFICATE

1. License/ Certificate issued by:				2. License/ Certificate issued by:			
Field/ Trade Specialization	Number	Date Issued	Exp. Date	Field/Trade Specialization	Number	Date Issued	Exp. Date

NOTE: YOU MUST SUBMIT required documents (Copy of transcripts, License, Certificate) with each application.

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

SHERIFF AND / OR DETENTION APPLICANTS ONLY	
Are you the age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number _____	Driver's License Number _____ State _____
Are you willing to submit to a full Background investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to a drug and alcohol screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to a psychological testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to undergo various physical agility tests and submit to a full physical examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: The information requested below regarding ethnicity, gender, age, veteran, and disability status is VOLUNTARY, but is needed to assure compliance with reporting requirements of Federal Equal Employment Opportunity laws. Your cooperation is appreciated. This data will be **CONFIDENTIAL** filed separate from the application for employment. It will not be seen by the interviewer.

NAME: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
VETERAN STATUS (Check all that apply) <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Era <input type="checkbox"/> Disabled <input type="checkbox"/> Active (Reserve/NG)	ETHNICITY INFORMATION <input type="checkbox"/> A= Anglo <input type="checkbox"/> B= Black <input type="checkbox"/> P= Pacific Islander <input type="checkbox"/> H= Hispanic <input type="checkbox"/> I= American Indian <input type="checkbox"/> O= Other

NAME- Last	First	Initial
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EMPLOYMENT HISTORY- A resume will not be accepted in lieu of the employment application. Begin with your current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

1	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address			Street / Mailing	
Your Job Title			Supervisor's Name and Telephone Number	
Check (√) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Current or Last Hourly Pay \$		
Hours per week: _____				
If you supervised employees, indicate number and give dates #: From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				

Reason for leaving:			DO NOT WRITE IN THIS AREA	

			YEARS MONTHS	

2	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/ Yr)
Employer's Address			Street/ Mailing	
Your Job Title			Supervisor's Name and Telephone Number	
Check (√) one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time		Current or Last Hourly Pay \$		
Hours per week: _____				
If you supervised employees, indicate number and give dates #: From (Mo/Yr.) To (Mo/Yr.)			Place of employment (City and State) if different from employer's address	
Duties:				

Reason for leaving:			DO NOT WRITE IN THIS AREA	

			YEARS MONTHS	

3	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/ Yr)
	Employer's Address Street/ Mailing			Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full- time <input type="checkbox"/> Part-time		Current or Last Hourly Pay	
Hours per week: _____		\$		
If you supervised employees, indicate number and give dates #: From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties: _____ _____ _____ _____				
Reason for leaving:			DO NOT WRITE IN THIS AREA	
			_____ YEARS	_____ MONTHS

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

If NO, explain: _____

List three professional references (Other than former employers or relatives) List only those you will permit us to contact.

NAME	ADDRESS	PHONE	PROFESSIONAL RELATIONSHIP
1.			
2.			
3.			

SIGNATURE- Please read before signing

<p>I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize the Mora County Sheriff Office to investigate the information contained herein and contact those previous employers I have approved.</p>	
Sign Here in Ink:	Date:

RELEASE OF INFORMATION FORM

Applicant: I give all prior employers permission to release to the Mora County Sheriff's Office information in my personnel file regarding the following areas of my previous employment.

[Please specify some or all]

- ___ Date of Hire ___ Date of Termination ___ Beginning Salary
- ___ Ending of Salary ___ Attendance Records ___ Tardiness
- ___ Vacation Time ___ Sick Leave Time ___ Leave Without Pay
- ___ Performance Evaluations ___ Disciplinary and Termination Records
- ___ Workers' Compensation Leave

I hereby release and discharge all prior employers from all claims or actions for loss, liability, damage, or expense which I now have or which may hereafter arise from the making of any inquiries about me or the furnishing of any information about me in connection with my application for employment with Mora Sheriff Office.

Name: _____ Date: _____

Signature: _____ Date: _____

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FOR USE BY THE MORA COUNTY SHERIFF'S OFFICE

Experience: _____

Education: _____

Comments: _____

ACCEPTED _____ REJECTED _____ STAFF _____ DATE _____