



## POSITION SPECIFICATIONS

**POSITION TITLE:** Float Clerk  
**REPORTS TO:** County Manager

**Summary:** Employee acts as a substitute office clerk when coverage is needed in any of the County Administrative Offices. Employee may be required to work 40 hours per week, or may work as little as 0 hours per week, as scheduling allows. Employee is not guaranteed to work consecutive days or hours.

### Minimum Qualifications

1. High School diploma or GED required.
2. Valid New Mexico Drivers License.
3. Knowledge of accounting and computer operations
4. Ability to type 70 words per minute.
5. Ability to understand and communicate in English.
6. Previous work experience in customer relations.
7. Considerable knowledge of County policies & procedures, office procedures, data collection.
8. Create reports, compose letters and transcribe minutes.
9. Ability to perform the essential duties listed below.
10. Ability to work with the equipment, tools, and materials listed below.

**Essential Duties** include the following. Other duties may be assigned.

Provides clerical office assistance by scheduling appointments, giving information to callers, and otherwise relieves officials of clerical work and minor administrative and business detail by performing the following duties.

Greet visitors and/or County employees; provides assistance in directing individuals appropriately.

Answers phone, takes messages, and/or gives information to the public.

Assists with the general office duties. This entails all aspects related to specific office as assigned.

Responsible for maintaining a current index of all plats filed in the County Clerk's Office.

Prepares daily receipts reports to Treasurer and Balance Daily.

Assist Elected Officials, Department Heads and/or Supervisors in all aspects of the office.

Assists at counter to meet, greet, and assist public in registration of various documents. Obtains copies of documents and collects fees. Inputs information into computer for indexing purposes.

Writes, types or enters information into computer to prepare correspondence, bills, statements, receipts, checks or other documents, copying information from one record to another.

Makes copies of and/or scans correspondence or other printed materials.

Reads and routes incoming mail. Locates and attaches appropriate file to correspondence to be answered by employer.

Addresses envelopes or packages. Stuff envelopes by hand.

Answers and screens telephone calls, and arranges conference calls; conveys messages and runs errands.

Prepares outgoing mail and correspondence, including e-mail and faxes; distributes mail and incoming faxes.

Stamps or numbers forms by hand or machine.

Takes dictation/minutes and transcribes notes on typewriter or computer, or transcribes from voice recordings. Composes and types routine correspondence.

Organizes and maintains file system, and files correspondence and other records.

Orders and maintains supplies, and arranges for equipment maintenance. This includes filing and organizing files.

### **Other Requirements**

Employee must comply with the safety guidelines of the employer.

### **Functional Analysis**

Must be able to use reason and judgment in performing essential duties.

Must be able to plan and prioritize own work, as well as work of subordinates as needed.

Must be able to read and write in English. Must be able to communicate orally in English.

Must be able to listen and follow verbal directions in English. Must be able to give verbal and written orders in English.

Must be able to apply clerical and administrative knowledge and skills to activities within the County Clerk's Office.

Must be able to analyze and interpret mathematical information in written or diagrammatic form.

Must be able to make some decisions based on reason, sound, judgment, verifiable facts, and personal experience.

Must be able to plan for long range or future projects.

Must be able to deal with individuals and groups of people of diverse interests in emotionally charged situations.

### **Physical Functions**

Must be able to sit for up to 4 hours at one time or 8 hours total per workday.

Must be able to crouch for short, intermittent periods up to a total of 30 minutes per workday, to perform such activities such as filing documents and paperwork.

Position involves sitting as the primary work position; however, standing and walking may be required intermittently during the workday, an estimated minimum of 30 minutes at one time.

Must be able to bend at waist minimally throughout the day; typically no more than 2-3 times during the workday.

Must be able to use arms to carry up to 30 pounds for a distance of 20 feet and estimate of 10 times per day.

Must have the ability to use arms to reach overhead, a weight estimated from 5-10 pounds no more than 10 times per day.

Must be able to work with arms bent constantly throughout the workday.

Must be able to lift 30 pounds horizontally on an occasional basis during the workday.

Must be able to use hands and fingers to grasp/manipulate equipment, tools and materials used in the performance of essential duties. Machines may vary from voting machines to office machinery, and tools may vary from hand tools used to fix voting machines to basic office supplies.

Must be able to coordinate use of hands and eyes in operation of vehicle, use of office machinery, and assisting in working on voting machines.

### **Working Conditions**

Essential duties are performed indoors.

Indoor temperature is controlled.

Worker performs some duties alone, both with and without direction from supervisor. Worker also performs certain duties as a part of a group.

Work hazards, or potential work hazards and the possibility of assisting with heavy lifting and pushing.

### **Equipment, Tools and Materials**

When performing office duties, the worker utilizes various equipment such as: computer terminal and keyboard photocopy machine, fax machine, and optical file machine.

An automobile is occasionally used for job-related tasks outside the primary work location.

Materials handled when performing essential duties include a wide variety of paperwork, basic office supplies to include writing utensils, staplers, file folders etc.

**Employee Declaration**

I have read the above Position Specifications. I understand the demands and expectations of the position described, and to the best of my knowledge, believe I can perform these duties.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# TORRANCE COUNTY

P.O. Box 48 205 Ninth Street Estancia NM 87016  
Phone (505) 246-4757 (505) 384-5294 Fax  
www.torrancecountynm.org

## 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).

NAME - Last	First	Initial	Home Phone:	Work Phone:
ADDRESS - Street	Mailing		Cell Phone:	Email Address:
City	State	Zip Code	Please list any different name you have used for school or employment	

### EACH POSITION YOU APPLY FOR REQUIRES A SEPARATE APPLICATION

POSITION APPLIED FOR - Give exact title.

1. Title
2. Do you have a valid NM driver's license?      Number:      Commercial Driver's License?: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Class:
3. Sheriff/Dispatch Applicants only: 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 Torrance County? 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 Torrance County employ any relative of yours? Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, (1) Name: _____ (2) Name: _____ Relationship: _____ Relationship: _____

### 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.

Attach a copy of your 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 résumé in lieu of this application. Read the employment 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.

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

**COLLEGE OR UNIVERSITY**

UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Degree Earned	Degree Earned
Date of Degree	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 transcript, license, and certificates) with each application.

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

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**SHERIFF AND/OR DISPATCH APPLICANTS ONLY**

(applicants for the sheriff's department must be 21 years or older)

Are you age 21 or older? Yes  No

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Are you willing to submit to a full background investigation? Yes  No

Are you willing to submit to a drug and alcohol screening? Yes  No

Are you willing to submit to psychological testing? Yes  No

Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes  No

**EMPLOYMENT HISTORY** - A résumé will not be accepted in lieu of the employment application. Begin with 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.

**MAT WE CONTACT THE EMPLOYERS LISTED BELOW?**       YES       NO

If NO, explain:

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<b>1</b>	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 Hours per week: _____		Current or Last Hourly Pay \$	
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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS      MONTHS
Reason for Leaving:				

<b>2</b>	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 Hours per week: _____		Current or Last Hourly Pay \$	
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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS      MONTHS
Reason for Leaving:				

<b>3</b>	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 Hours per week: _____		Current or Last Hourly Pay \$	
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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS      MONTHS
Reason for Leaving:				



**FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET**

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

**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 Torrance County to investigate the information contained herein and contact those previous employers I have approved.

Sign Here in Ink

Date

**THE SELECTION PROCESS.** Upon the closing date of the announcement, the Human Resources Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the interviewing official. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

## CONTINUATION SHEET FOR EMPLOYMENT HISTORY

	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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS                  MONTHS
Reason for Leaving:				

	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:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS                  MONTHS
Reason for Leaving:				

## RELEASE OF INFORMATION FORM

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

[Please specify some or all]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Date of Hire                | <input type="checkbox"/> Date of Termination                  | <input type="checkbox"/> Beginning Salary  |
| <input type="checkbox"/> Ending of Salary            | <input type="checkbox"/> Attendance Records                   | <input type="checkbox"/> Tardiness         |
| <input type="checkbox"/> Vacation Time               | <input type="checkbox"/> Sick Leave Time                      | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Performance Evaluations     | <input type="checkbox"/> Disciplinary and Termination Records |  |
| <input type="checkbox"/> 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 Torrance County.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**FAIR CREDIT REPORTING ACT  
DISCLOSURE STATEMENT**  
Employment or Insurance Purposes

Torrance County, when considering your application for employment or insurance, when making a decision whether to offer you employment or insurance, when deciding whether to continue your employment or insurance, and when making other decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. You are a "consumer" with rights under the FCRA.

A "consumer" is an individual.

A "consumer reporting agency" is any person or business which for monetary fees, dues, or on cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing "consumer reports".

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes or other purposes authorized under the FCRA.

If Torrance County obtains a "consumer report" about you, and if, based on any information in the consumer report, Torrance County makes a decision for employment, insurance or credit purposes that directly and adversely affects you, you may be provided with a copy of the "consumer report". You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies".

Torrance County has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you:

In writing:

SAMBA Holdings, Inc.  
1730 Montañó NW Suite F  
Albuquerque, NM 87107

By phone:

1-800-947-2622



**Public and Private Record Release**  
Employment or Insurance Purposes

The Fair Credit Reporting Act (FCRA) allows Torrance County to gain access to Public and Private records with my permission for employment or insurance purposes.

By signing this release:

I hereby give permission to Torrance County to investigate my **driving and/or criminal history** for purposes allowable under the FCRA.

I understand that my eligibility for employment and/or continued employment is contingent upon Torrance County gaining access to these records.

I confirm that I have read and understand the "Fair Credit Reporting Act Disclosure Statement" provided to me by Torrance County.

I authorize Torrance County to periodically receive these records, and such authorization will remain in effect for one year or for the duration of my relationship with Torrance County, whichever period is longer.

_____ Signature	_____ Date	_____ Social Security Number (For Criminal Records Only)
_____ Printed Name (as it appears on drivers license)	_____ Driver License Number	
_____ Date of Birth - Month/Day/Year	Circle Gender M or F	

**SUBSCRIBED AND SWORN BEFORE ME THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

Social Security Number

			-			-				
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Date of Birth

		-			-				
MONTH			DATE			YEAR			

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Other Names Used</b> (maiden name, AKA names, etc.)		

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Torrance County ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.**

**You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, [www.universalbackground.com](http://www.universalbackground.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.**

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Signature

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Date