



## **Job Specifications**

**Position Title:** Sheriff Deputy  
**Department:** Torrance County Sheriff's Office  
**Reports To:** Torrance County Sheriff  
**Entry Level Salary:** \$33,800

We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic information & Testing, Family & Medical Leave, Protected Veteran status, or any other characteristic protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

### **Minimum Qualifications**

- High School Diploma or GED required
- Must complete the New Mexico Law Enforcement Academy training within one (1) year of hire.
- Previous Law Enforcement experience or Reserve Training preferred.
- Must possess a valid New Mexico Driver's License, with no prior DWI's; in addition to no prior Misdemeanors or Felonies.
- Ability to handle stress and respond appropriately in stressful situations.
- Must have good vision, hearing and reflexes.
- Ability to pass the Sheriff Deputy Entrance Exam, which includes: a physical agility test, a written exam and an oral review board.
- Ability to pass a Psychological Evaluation
- May have to go through multiple trainings and exposures, during employment with the Sheriff's Office, to the listed but not limited to: Taser, OC Gas, CS Gas and Baton Strikes
- Ability to perform the essential duties listed below.
- Ability to perform the essential duties in the working conditions described below.
- Ability to work with the equipment, tools and materials listed below.

### **Essential Duties**

- Perform a wide range of duties, as assigned to enforce various laws and ordinances, and to protect the general public's constitutional rights, as provided for under county, state and federal laws.
- Works from rotating shift patrol assignments, to operate a patrol vehicle in a designed district of the county, with full responsibility for proper personal conduct and enhancement of the county's police image, while carrying out the duties of law enforcement being ever mindful of the constitutional rights of citizenry, both on and off duty. Maintains radio contact in accordance with regulations.

- Duties may involve routine traffic control in areas not afforded normal police protection, as well as certain Pueblos under contract to the county.
- Routine traffic control may involve the apprehension of person(s) apparently disobedient of traffic and driving laws and regulations.
- Assist in the operation of checkpoints and roadblocks to apprehend escaped or wanted criminals, DWI's an unlicensed or otherwise illegal vehicle operator, drug traffickers, etc.
- May also be called upon, to investigate domestic difficulties, highway accidents, and other situations needing attention.
- Coordinates and cooperates as necessary with other policing agencies. This may involve special conditions, such as undercover personnel involving drugs and other related instances and investigations involving homicide and other felony investigations.
- Must be able to correctly judge situations and determine appropriate level of force to be utilized.
- As necessary, off-duty personnel may be called into work.
- May be called as a witness in a court of law.
- Prosecute minor misdemeanor offenses, such as traffic violations and DWI's.
- Transports detained person(s) to detention centers.
- Protects or escorts witnesses or victims assigned to them.
- May also be assigned to provide escort service for parades, or in the movement of major vehicles or projects over highways where safe passage is required.
- Deliver Summons, Writs, Subpoenas and other court ordered documents.
- Remains constantly aware of various laws and related changes, making investigations within our own authority, and communicates information to higher authority, and to protect evidence until released.
- May be required to administer First Aid.
- May be required to deal with aggressive animals.
- Files various reports in an adequate manner, ensuring proper details.
- Employee must perform all duties with minimal supervision. Employee may be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.

### **Other Requirements**

- Employee must be able to communicate orally and in writing, in English.
- Must be able to read items, such as: novels, magazines, atlases and encyclopedias. In addition, must be able to read and understand, safety rules pertaining to the maintenance of tools and equipment, defined in the dictionary.
- Must be able to speak before a group of people, using correct English.
- Must be able to write reports and essays in proper format, using correct punctuation, spelling and grammar.
- Must be able to compute discount, interest, profit and loss. Must understand such concepts as commission, markups and selling prices.
- Must be able to understand such concepts as ratios and proportions and percentages.
- Must be able to read accurately all gauges on tools and equipment.
- Must be able to accurately estimate distances in order to maintain safety while operating equipment.

### **Physical Function**

- Ability to sit up to four (4) hours per day, with intermittent walking and standing.
- Ability to walk up to four (4) hours a day, with intermittent standing and sitting.
- Ability to stand up to one (1) hour per day, with opportunity to walk and sit intermittently.
- Ability to climb, crawl, crouch, kneel, bend, rotate waist, and remain in a prone position, during an emergency situation.
- Ability to carry ten (10) pounds on waist and five (5) pounds on chest all day.
- Ability to work with arms bent up all day, and arms extended up to one-third (1/3) of the work day. May be required to work with arms extended for a longer period of time during an emergency situation.
- Ability to push and pull with arms, with force up to fifty (50) plus pounds, during an emergency situation. In addition, must be able to twist and rotate arms during an emergency situation.

- Ability to lift and pull such items, but not limited to: shotgun, rifle, first aid kit, fire extinguisher, etc. to and from a vehicle. Employee may be expected to lift and carry other items, objects or people in an emergency situation. In addition, must be able to use legs in operating a patrol vehicle with an automatic transmission, up to all day.
- May be expected to balance, twist/rotate or push with legs during an emergency situation.
- Ability to grasp and manipulate objects with hands, up to all day, and perform fine finger dexterity movements, up to one-third (1/3) of the work day. Such handwork requires eye/hand coordination, and at times, may require bilateral coordination.
- The following of a brief description of a physical agility test, which is administered to the Deputy:
  - a. Runs up approximately four (4) steps
  - b. Walks on a balance beam, four (4) inches wide for six (6) feet.
  - c. Jumps off and runs six (6) feet and jumps, climbs or crawls over a six (6) foot wall.
  - d. Jumps across a four (4) foot wide ditch.
  - e. Jump or crawls through a three (3) foot by four (4) foot window, which is three (3) feet off the ground.
  - f. Runs about twenty (20) feet and scales a ten (10) foot chain-link fence.
  - g. Runs about one quarter (1/4) mile, grabs a dummy weighing one hundred twenty-five (125) pounds and drags it twenty (20) feet.
  - h. Finally, grabs handcuff bar, with both arms, and brings bar down to waist.

**Working Conditions**

- Performs work indoors (approximately seventy (70) percent) and outdoors (approximately thirty (30) percent). These percentages may vary depending upon work assignments and situations.
- Employee may be exposed to temperature extremes depending on weather conditions.
- Employee may be exposed to intermittent high noise levels, such as but not limited to: sirens, gunfire and loud noises.
- Employee may be exposed to vibration of the body on an intermittent basis, such as but not limited to: Shotgun, off-road travel or a physical confrontation.
- Employee may be exposed to the following hazards, but not limited to:
  - a. Physical confrontations
  - b. Driving hazards
  - c. High-speed chases
  - d. Animals
  - e. Gunfire
  - f. Rescue Attempts in difficult terrain
  - g. Remote possibility of Hazardous Materials Spills
- Employee may be exposed to such thing, but not limited to:
  - a. Exhaust fumes
  - b. Human and animal odors
  - c. Dust/mists

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The job description has been designed to indicate the general nature and level of work performed by the employee within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all the duties and responsibilities required of the individual assigned to this position. At the discretion of the Superintendent and/or County Manager the job duties can increase and/or decrease.

**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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If applicable)



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

**COLLEGE OR UNIVERSITY**

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 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 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:			

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:			



## 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	
_____		Circle Gender M or F
Date of Birth - Month/Day/Year		

**SUBSCRIBED AND SWORN BEFORE ME THIS**

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

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

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

(Seal)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PRINTED NAME DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMB DRIVER'S LICENSE NUMBER/IDENTIFICATION NUMBER STATE

pursuant to Section 29-10-6A of the New Mexico Arrest Record Information Act, hereby appoint **TORRANCE COUNTY SHERIFF'S DEPARTMENT** as an authorized agent for me, for the purpose of inspecting and/or obtaining copies of any arrest record information concerning me maintained by the New Mexico State Police or accessible to the New Mexico State Police, including but not limited to, information concerning felony or misdemeanor convictions maintained by any entity, Motor Vehicle Code violation information, administrative action information, from other employees or employers and/or persons and entities I have dealt with.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above. A copy of this release form will be valid as an original hereof, even though a copy does not contain an original writing of my signature.

I hereby release the custodians of such records and the New Mexico State Police and the State of New Mexico, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assignees, associates, personal representative or representatives in any capacity, from any and all claims of liability or damage of whatever kind of nature, which at any time could result to me, my heirs, assignees, associates, personal representative or representatives of any nature, because of compliance said custodian or custodians with this Authorization of Release of Information, and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assignees, associates, personal representative or representatives of any nature.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS

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

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

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

(Seal)