

**OTERO COUNTY DETENTION CENTER
OTERO COUNTY SHERIFF'S OFFICE**

Job Application & Background Questionnaire

- Please PRINT legibly in **BLACK INK** only.
- Include complete addresses: zip codes, street addresses, city, state.
- Include complete telephone numbers; including area code.
- If a question does not apply to you, print or type "N/A" (Not Applicable).

Incomplete information or failure to follow instructions will delay the selection process and may eliminate you from consideration.

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment. An extensive background investigation will be conducted into your personal history. Applicants may be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that I will not receive a copy of my background investigation, and I am not entitled to know its contents, and I further understand that the contents will be used in the evaluation process for employment. I understand, that no documents that I submit will be returned, and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given to me.

Where written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY**. If additional space is needed, use the area located in the back of the questionnaire. When dates are requested the month and year are usually sufficient. Please ensure that all appropriate check boxes are marked. If a yes or no checkbox, you must check one.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDE THAT ALL THE INFORMATION I HAVE DISCLOSED IS TRUE AND ACCURATE, AND I UNDERSTAND I WILL NOT BE ADVISED OF THE REASONS IF I AM NOT RECOMMENDED FOR HIRE.

Name (Please Print: Full Name, Last, First, Middle)	Position Applied For
Signature of Applicant	Date Signed

Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the County. Requests should be made as early as possible to allow time to arrange the accommodation.

-----**-FOR OFFICE USE ONLY**-----

Date Stamp Received	Investigator's Review Signature
	Date

AURHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize and release from any and all liability and agree
(Print Full Name)
to hold harmless under any and all possible causes of legal action, including negligence, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities, including the Otero County Detention Center and the Otero County Sheriff's Office, to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for detention work may be determined. This includes, but is not limited to, opinions about my character, integrity, and reputation.

CONSENT TO SEARCH - NOTICE - WARNING

Any person who takes any item that is not specifically authorized by the detention center into or out of the facility or adjacent to the jail is subject to prosecution. ALL PERSONS, including employees and visitors, are subject to a search of their person and/or property when entering or preparing to enter the detention center.

I, the undersigned, have read the above notice and understand the meaning of this notice. I realize the threat presented to the safe and secure operation of the detention center when contraband and other unauthorized items are taken into or out of the jail. Therefore, I give my consent to have my person, clothing or other property thoroughly searched upon entering or leaving the detention center, at any time while on the grounds of the jail, or while in a secure area. I consent to be searched by a Detention Center employee and I understand that this consent is required of all employees as a condition of employment.

Signature	Date	
Home Telephone	Contact Telephone	
() Witness's Name	() Title	Organization
Witness's Signature	Date	

CODE OF ETHICS

The Otero County Detention Center and the Otero County Sheriff's Office are committed to a code of ethics that will guide the performance, conduct and behavior of our employees. This code will ensure that our professionalism is reflected in the operation and activities of these departments and is recognized by all interested parties. In this light, the following principles are practiced.

- I shall maintain high standards of honesty, integrity and impartiality free from all personal considerations, favoritism or partisan demands.
- I shall be courteous, considerate and prompt when dealing with the public, realizing that we serve the public.
- I shall maintain mutual respect and professional cooperation in my relationships with other staff members of Otero County.
- I shall be firm, fair, and consistent in the performance of my duties. I shall treat others with dignity, respect, and compassion and provide humane custody and care, void of all retribution, harassment, or abuse.
- I shall uphold the tenets of the United States Constitution, its amendments, the New Mexico Constitution, Federal and State laws, rules and regulations, and policies of these departments.
- Whether on or off duty, in uniform or not, I shall conduct myself in a manner that will not bring discredit or embarrassment to these departments and the County of Otero.
- I shall report without reservation any corrupt or unethical behavior which could affect either inmates, employees, or the integrity of these departments.
- I shall not use my official position for personal gain.
- I shall maintain confidentiality of information that has been entrusted to me and designated as such.
- I shall not permit myself to be placed under any kind of personal obligation which could lead any person to expect official favors.
- I shall not accept or solicit from anyone, either directly or indirectly, anything of economic value such as a gift, gratuity, favor, entertainment, or loan, which is or may appear to be, designed to influence my official conduct.
- I will not discriminate against any inmate, employee, or any member of the public on the basis of race, gender, creed, or national origin.
- I will not sexually harass or condone sexual harassment with or against any person.
- I shall maintain the highest standards of personal hygiene, grooming, and neatness while on duty or otherwise representing these departments.

CERTIFICATION

I hereby certify that I have read the above Code of Ethics and agree to abide by the Code.

Signature

Date

1) PERSONAL DATA						
Name <i>(Last, First, Middle, Jr. or Sr.)</i>				Social Security Number		
Current Address		City		State		Zip Code
Date From		Date To		Home Telephone		Message Telephone
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Hair	Eyes	Date of Birth
Place of Birth <i>(City)</i>	State		Country	Driver's License Number <i>(State, Number)</i>		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship _____ If NO, are you legally authorized to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, attach copy of appropriate document)</i>						
List any names you have ever used, including maiden name and former married name. Please provide applicable dates.						
List any other social security numbers you have used.						

2) PREVIOUS ADDRESSES					
<i>(List all addresses for the past five (5) years, start with the current address and work backward in time.)</i>					
City	County	State	Zip Code	Date From	Date To

----- **FOR DETENTION APPLICANTS ONLY** -----

3) INCARCERATED FAMILY MEMBERS OR FRIENDS			
Are you acquainted with or related to any current or former inmate, detainee, parolee or probationer in the Detention Center or any other jail/prison or incarceration system? <input type="checkbox"/> Yes If YES, complete the sections below. <input type="checkbox"/> No			
Name <i>(Last, First, Middle)</i>	Age	Relationship	Location/State where Incarcerated

4) FAMILY REFERENCES

(List spouse, children and all immediate family members, including mother, father, sister, brother.) If current whereabouts are unknown, please indicate in the city box "unknown" and provide the last date you had contact with that family member.

Name <i>(Last, First, Middle)</i>	City	State	Relationship

5) PERSONAL REFERENCES (List three references (**not relatives or former employers**) who are responsible adults, and who have known you well during the past five years. An address is required as is at least one phone number (work or home) blank spaces are not acceptable.)

Name <i>(Last, First, Middle)</i>	Address <i>(Street)</i>		City, State, Zip
Home Telephone ()	How Long Known	Occupation	Work Telephone ()
Name <i>(Last, First, Middle)</i>	Address <i>(Street)</i>		City, State, Zip
Home Telephone ()	How Long Known	Occupation	Work Telephone ()
Name <i>(Last, First, Middle)</i>	Address <i>(Street)</i>		City, State, Zip
Home Telephone ()	How Long Known	Occupation	Work Telephone ()

6) EMPLOYMENT HISTORY

List all places of employment and periods of unemployment in the past five (5) years, beginning with the present or most recent employer and going backward. List everything in proper sequences, OMIT NONE! Note unemployment periods in Box 6. All time must be accounted for by providing an explanation e.g. unemployed, volunteer work, attended school, or worked part-time.

1) Name of Employer	Your Position Title	Work Telephone	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving	<i>Investigator Use Only</i>		
2) Name of Employer	Your Position Title	Work Telephone	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving	<i>Investigator Use Only</i>		
3) Name of Employer	Your Position Title	Work Telephone	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving	<i>Investigator Use Only</i>		
4) Name of Employer	Your Position Title	Work Telephone	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving	<i>Investigator Use Only</i>		
5) Name of Employer	Your Position Title	Work Telephone	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving	<i>Investigator Use Only</i>		
6) Unemployment Periods	From	To	
	From	To	
	From	To	
	From	To	
	From	To	

Employment History (Continued)

Have you ever applied to, or been employed by the Otero County Detention Center or the Otero County Sheriff's Office as a paid employee, contractor or volunteer? Yes No

Have you ever applied or had any involvement or association with another law enforcement agency or correctional facility either as a paid employee, contractor or volunteer? Note: If you have listed a law enforcement position under Employment History - it is not necessary to repeat the information in this space. If YES, explain below.

Yes No

Date	Agency Name	City	State	Status of Application

8) MILITARY STATUS

Have you ever served in any of the Armed Forces; Army, Navy, Air Force, Marines, Coast Guard, National Guard or any Reserves. If YES, explain below. Yes No

Date From	Date To	Military Branch	Rank	Discharge Type

Are you Registered with the Selective Service? If YES, explain: Yes No

Where (City & State)

Date Registered

9) EDUCATION AND TRAINING

List high school you have attended including GED if applicable: (colleges, universities, and graduate schools, number of college credits.)

Date From	Date To	School Name	Address (Include city, state, and zip)	Diploma Received (type)

List any special skills or abilities possessed (Include foreign languages)

Have you ever received any law enforcement, corrections or detention officer training? If YES, when/where and type of training?

Yes No

10) CRIMINAL HISTORY

Have you ever been *Detained, Arrested, Cited, Accused, Convicted, Charged or placed in pre-trial diversion* for any offence, or violation of any statute, ordinance, law or regulation by any civilian or military authority, in this country or any other country? If YES, explain below: *(Use additional sheet if necessary)*

Yes No

Date	Charges	Misdemeanor or Felony	Disposition	Law Enforcement Agency/Court	City	County	State

Are you currently on Probation or Parole? If YES, where and for what?

Yes No

11) DRIVING HISTORY

Have you ever been given a ticket for any traffic or parking violations since you began driving, including citations that were dismissed after attending traffic school? If YES, explain below: *(Use an additional sheet if necessary).*

Yes No

Date	Violation	Disposition	Law Enforcement Agency/Court	City	County	State

Have you ever had your license revoked or suspended? If YES, Explain:

Yes No

12) ILLEGAL SUBSTANCES *Note: Experimental use of marijuana or other drugs or controlled substances may not necessarily disqualify an applicant.*

<i>(Please answer EACH question)</i>	YES	NO	If yes, How many times?	Dates Used	Age Used
Have you ever used marijuana?					
Have you ever used a controlled substance? <i>(Dangerous drugs or narcotics)</i>					
Have you ever used steroids?					
Have you ever used any prescription drugs not prescribe to you?					

Comments

Additional Comments