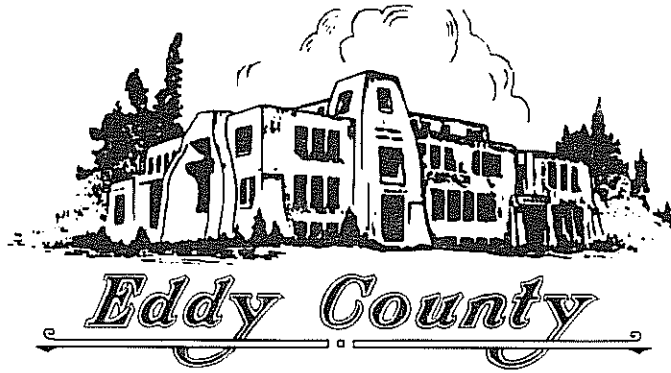


**Eddy County
Board of Commissioners**

Lewis Derrick
Tony Hernandez
Guy Lutman
Roxanne Lara
Jack Volpato



Kenney L. Rayroux
Human Resources Director

101 W. Greene Street
Carlsbad, New Mexico 88220
Phone (575) 887-9511
1-800-882-0822
Fax (575) 887-1039

August 19, 2010

TRANSPORT OFFICER - - As needed

This as-needed position is responsible for the transportation of inmates within the custody of the Eddy County Detention Center to and from courts, medical appointments, mental health facilities, court quarters, and other institutions and jurisdictions, or as directed by the Transportation Lieutenant. Employee is responsible for the safety of the inmates while on transport and the protection of the general public; maintaining liaison between other correctional institutions and law enforcement agencies; and maintaining confidentiality and security for special assignments. Minimum qualifications: Must be 21 years of age with no felony convictions; must possess a valid NM driver's license with no more than 2 moving violations within the last 3 years; must have no DWI convictions within the past 3 years; must be able to travel long distances, up to 800 miles, in a 15-hour or more workday. Salary \$14.46 per hour.

Please review all instructions carefully. Application packets must include a completed job application, job specifications sheets, a current driving record, and a notarized release of information waiver. Incomplete application packets will not be considered.

CLOSING DATE: September 8, 2010 5:00 p.m.

POSITION SPECIFICATIONS

POSITION TITLE:	Transport Officer – As Needed
DIVISION:	Administration
SECTION:	Detention
REPORTS TO:	Transport Corporal
CLASSIFICATION:	Classified, Non-Exempt
WAGE LEVEL:	Grade 42
SALARY LEVEL:	\$14.46
DATE JOB ANALYSIS COMPLETED:	September 1997
DATE JOB ANALYSIS REVIEWED:	April 2010

JOB SUMMARY

This position is responsible for the transportation of inmates within the custody of the Eddy County Detention Center to and from courts, medical appointments, mental health facilities, and court quarters, other institutions and jurisdictions or as directed by the Transportation Corporal. Employees are responsible for: the safety of the inmates while on transport and the protection of the general public; maintaining liaison between other correctional institutions and law enforcement agencies; and maintaining confidentiality and security for special assignments. 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.

Minimum Qualifications

1. High School Diploma or G.E.D.
2. Must be at least 21 years of age.
3. Must have vision correctable to 20/20, and no color blindness.
4. Must have no felony or domestic violence convictions or misdemeanor convictions involving moral turpitude.
5. Must possess a valid N.M. driver's license with no more than two moving violations and no DWI convictions within the past three years. **Provide a current driving record.**
6. Must be able to communicate orally and in writing in English.
7. Must be able to travel long distances, up to 800 miles in a 15-hour or more workday.
8. Must be or able to become certified within one month in CPR and First Aid.
9. Must be able to understand and apply the appropriate use of force and learn and use restraint techniques to be used on inmates. Must pass 40 hours Defensive Tactics Course within two months of hire.
10. Must be able to pass Defensive Driving Course within the first six months of hire.
11. Must be able to qualify with firearms within the first two months of hire.
12. Must be able to perform the essential duties in the working conditions with the equipment, tools and materials listed below.

Essential Duties

Overtime and Attendance are Essential Duties of this position. Please initial each item to indicate whether you are or are not capable of performing that duty.

Yes No

- 1. Provides secure inmate escorts to and from courts, medical appointments, mental health facilities, court quarters, other institutions and jurisdictions or as directed by the Transportation Corporal. These escorts may be either long or short distances, possibly under adverse weather conditions. 85%
- 2. Provides supervision of inmates in the hospital. 5%
- 3. Responsible for maintaining assigned vehicle according to established standards. 4%
- 4. Maintains daily activity log documenting all activities and vehicle mileage log and written reports as needed. 4%
- 5. May be called on to provide testimony in courts of law. May be required to participate or prepare cases for internal hearings. 2%

Other Requirements

- 1. Must comply with the safety guidelines of the county.
- 2. Must pass polygraph, physical examination and drug screen.
- 3. Have you used illegal drugs within the past three years?
- 4. Have you ever been convicted of a felony, domestic violence or misdemeanor involving moral turpitude?

FUNCTION ANALYSIS

(Please initial each item to indicate whether you are or are not capable of performing that function.)

Mental Functions

- 1. Must be able to listen and understand verbal directions in English. Must be able to read and understand written directions in English.
- 2. Must be knowledgeable of all traffic laws and regulations.
- 3. Must be able to communicate verbally and in writing with co-workers.
- 4. Must be able to communicate with inmates.

- ___ ___ 5. Must use sound judgment in determining level of incarceration for each inmate and in responding to emergency situations.

Physical Functions

- ___ ___ 1. Ability to buddy carry an inmate in case of emergency. Must be able to physically restrain an inmate when necessary.
- ___ ___ 2. Ability to lift up to sixty pounds from ground to waist level.
- ___ ___ 3. Ability to stand and walk up to one hour at one time, and eight hours total per day.
- ___ ___ 4. Ability to sit up to four hours at one time, and eight hours total per day.
- ___ ___ 5. Ability to climb and descend stairs (twenty-five steps) occasionally.
- ___ ___ 6. Ability to crouch and kneel up to five minutes at one time.
- ___ ___ 7. Ability to bend at waist for up to five minutes at one time, and one-half hour total per day.
- ___ ___ 8. Ability to carry approximately eight pounds on waist all day.
- ___ ___ 9. Ability to operate foot controls up to one-third of work day.
- ___ ___ 10. Ability to push/pull a disabled inmate in a wheelchair.
- ___ ___ 11. Ability to work with arms extended or bent for up to four hours at one time, and eight hours total per day.
- ___ ___ 12. Ability to use hands and fingers to grasp and manipulate objects, sometimes in a bilaterally coordinated manner.
- ___ ___ 13. Ability to use hands and fingers in a fine dexterous manner. This requires eye-hand coordination.

Working Conditions

- ___ ___ 1. Performs work inside and outside.
- ___ ___ 2. Indoor work is performed in a controlled temperature environment. However, may be exposed to natural weather conditions while on outdoor duty.
- ___ ___ 3. Worker is exposed to poor ventilation due to enclosed conditions. May be exposed to unpleasant odors resulting from poor personal hygiene of inmates.
- ___ ___ 4. Performs work on flat, hard surfaces. May be required to climb stairs.
- ___ ___ 5. Employee may be exposed to the following hazardous conditions: Constantly

subjected to injury, death, or hostage situations; exposed at times to infectious diseases carried by inmates; constant high level of mental and emotional stress.

Equipment, Tools and Materials

- ___ ___ 1. Utilizes the following equipment: Telephone, cell phone, copy machine, and one ton passenger van or smaller. In addition, the following items may be used: Radio equipment, handcuffs, PR-24 (protective), leg irons, and straightjacket. Finally, additional equipment is scam devices (for respiratory problems), duress equipment, first aid equipment, mouthpieces to assist in performing cardiopulmonary resuscitation (CPR).
- ___ ___ 2. Employee utilizes the following safety aids: Rubber gloves, flashlight, and uniform.
- ___ ___ 3. Employee handles paperwork, firearm, and constantly works with people.

Applicant 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.

Signature: _____ Date: _____

COUNTY OF Eddy
101 W. GREENE
CARLSBAD, NM 88220
575-887-8511 fax 575-887-1039

RELEASE OF INFORMATION WAIVER

I consent and hereby authorize Eddy County, by means of Eddy County Sheriff's Department, the police departments or other entity/person who is suitable to and chosen by the County, to investigate my past and present work, character, credit record, former employment, and police records to ascertain any and all information which may concern my suitability for employment with Eddy County.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, 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 direct you to release such information upon request of the duly accredited representative of the County of Eddy regardless of any agreement I may have made with you previously to the contrary. The release of any and all information is authorized whether same is of record or not and I do, hereby, release all persons, firms, agencies, companies or groups, whomsoever, from any damages because of, or resulting from, furnishing such information to the Eddy County Sheriff's Department, the Eddy County Human Resources Department, the County government, and its employees from any damages or claims which may otherwise result from use or release of such information.

Applicant, Print _____ Date _____

Signature

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

PLACE OF BIRTH -
CITY _____ STATE _____

DRIVER'S LICENSE # _____ STATE _____

OTHER LAST NAMES USED

State of New Mexico
County of Eddy

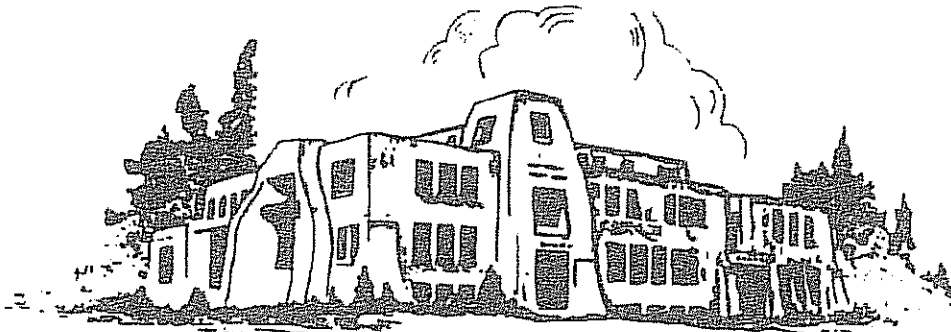
In witness hereof, I acknowledge that the above and foregoing document was signed before me this _____ day of _____, 20_____.

My commission expires: _____
NOTARY PUBLIC

NAME _____ SS# _____

POSITION _____

COUNTY OF EDDY
STATE OF NEW MEXICO



EMPLOYMENT APPLICATION

Eddy County will adhere to all federal and state laws governing the provisions of equal opportunity to both employees and prospective employees. Our policy is to hire, promote, develop and compensate individuals without regard to race, color, religion, sex, age, national origin, sexual orientation, physical or mental handicap, or their status as a veteran of the Vietnam Era. You must be able to supply evidence of work authorization and identification if an offer of employment is made to you. Provide all materials required in the posting of the position for which you are applying. Unsolicited and incomplete applications are not accepted.

PERSONAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D

FULL NAME LAST			FIRST	MIDDLE	SOCIAL SECURITY NUMBER	PHONE NUMBER ()	
STREET ADDRESS:		Number	Street	City	State	Zip Code	
MAILING ADDRESS:		Number	Street or PO Box #	City	State	Zip Code	
Position Applied For:					Date Available:		
Do you meet New Mexico's minimum legal age requirements for employment? <small>Age verification may be required</small>					(Circle One)	YES	NO
Are you legally able to obtain employment in the United States?						YES	NO
Are you related to anyone currently employed by Eddy County? If so, who? <small>Comments</small>						YES	NO
Have you previously been employed by Eddy County, New Mexico? If so, when? <small>Comments</small>						YES	NO
Are you presently employed on a part-time basis? <small>Comments</small>						YES	NO
Will you work shift work, weekends and overtime? <small>Comments</small>						YES	NO
Do you have any outside business interests? <small>Comments</small>						YES	NO
Have you ever been fired or placed on a "Do not rehire" list by a previous employer? Explain. <small>Comments</small>						YES	NO
Have you used any illegal drugs in the last 3 years? <small>Comments</small>						YES	NO
List any other name(s) under which you have worked:							
List membership in any trade or professional organizations of which you are a member.							
How were you referred?							

NAME:

Begin with present or most recent employer. Provide a minimum of three employment references that includes a minimum of six years work history. Attach additional pages if necessary. Circle yes or no on contact employer question.

EMPLOYMENT HISTORY

COMPANY NAME

ADDRESS

PHONE #

Contact This Employer?

YES

NO

JOB TITLE

EMPLOYED MO/YEAR

MO/YEAR

SALARY

FROM

TO

START

END

DUTIES

TYPE OF BUSINESS

IMMEDIATE SUPERVISOR

NAME

TITLE

REASON FOR LEAVING

COMPANY NAME

ADDRESS

PHONE #

Contact This Employer?

YES

NO

JOB TITLE

EMPLOYED MO/YEAR

MO/YEAR

SALARY

FROM

TO

START

END

DUTIES

TYPE OF BUSINESS

IMMEDIATE SUPERVISOR

NAME

TITLE

REASON FOR LEAVING

COMPANY NAME

ADDRESS

PHONE #

Contact This Employer?

YES

NO

JOB TITLE

EMPLOYED MO/YEAR

MO/YEAR

SALARY

FROM

TO

START

END

DUTIES

TYPE OF BUSINESS

IMMEDIATE SUPERVISOR

NAME

TITLE

REASON FOR LEAVING

DO NOT complete this section with "See Resume" or other similar notes. This section must be answered for your application to be complete. Incomplete applications are not accepted. You may attach a resume or other relevant information that will assist Eddy County in determining your qualifications for this position.

NAME:

EDUCATION					
HIGH SCHOOL	NAME and LOCATION	MAJOR	YEARS COMPLETED 1 2 3 4	DID YOU GRADUATE? YES NO	DEGREE RECEIVED
COLLEGE	NAME and LOCATION	MAJOR	YEARS COMPLETED 1 2 3 4	DID YOU GRADUATE? YES NO	DEGREE RECEIVED
COLLEGE	NAME and LOCATION	MAJOR	YEARS COMPLETED 1 2 3 4	DID YOU GRADUATE? YES NO	DEGREE RECEIVED
GRADUATE SCHOOL	NAME and LOCATION	MAJOR	YEARS COMPLETED 1 2 3 4	DID YOU GRADUATE? YES NO	DEGREE RECEIVED

OTHER TRAINING / SKILLS		Other schools or training (such as trade, vocational, military, etc.). Provide the name, location, dates, subject matter and type of training received and if a certificate was issued.			
TYPE OF TRAINING	NAME AND LOCATION OF FACILITY	LENGTH OF TRAINING	COMPLETED COURSE		

REFERENCES	Give name, address and telephone number of three references who are not related to you and are not a previous employer. Indicate whether the reference is personal or professional. (professional preferred)
1.	
2.	
3.	

Briefly describe your immediate and long-term career goals: _____

NOTICE - In making this application for employment with Eddy County, I understand and agree that:

- Any misrepresentations made by me in this application will be sufficient cause not to hire or cause to terminate my employment;
- As a condition of employment I am to be governed by all county ordinances, resolutions, rules, policies and procedures;
- Refusal to submit to search by authorized personnel of my person or property while on county premises is grounds for discharge; and
- As a condition of employment I must and pass a physical examination, a drug/alcohol test and submit to random tests as perscribed by County policy.

I authorize Eddy County to investigate all statements made in this application. I agree not to hold Eddy County or any of my previous employers or references liable in any matter concerning the information they may provide.

APPLICANT SIGNATURE: _____ DATE: _____

COUNTY OF EDDY
OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997

Effective September 30, 1996, Congress enacted the Omnibus Consolidated Appropriations Act of 1997 that amended the Gun Control Act of 1968 to include among other changes, a law addressing those persons convicted of domestic violence.

This Federal law (18 U.S.C. § 992(g)(9)) makes it unlawful for any person who has been convicted of a misdemeanor crime of domestic violence to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition, or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

As provide by 18 U.S.C. § 921(a)(33)(A), the term "misdemeanor crime of domestic violence" is defined to mean an offense that:

- (i) is a misdemeanor under Federal or State law; and
- (ii) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

There are NO law enforcement exceptions to the provisions of 18 U.S.C. § 922(g)(9), unless such person has the conviction expunged or set aside or receives a pardon for such offense.

I, _____ do hereby certify that I have not been convicted of any "misdemeanor crime of domestic violence" as defined above in 18 U.S.C. § 921(a)(33)(A).

Name: _____ Signature: _____
(Print)

Date: _____

Witnessed by: _____ Signature: _____
(Print)

Department: _____ Date: _____