



**Lea County Sheriff's Department  
Lovington, New Mexico**

**CONFIDENTIAL APPLICATION  
FOR EMPLOYMENT**

PERSONNEL • 100 N. Main, Suite 4 • Lovington, NM 88260 • (575) 396-8605 • FAX (575) 396-1078

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. Lea County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, ancestry, religion, age or disability in employment. You may make copies of this application and enter different position titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of fully completed applications.** Unless specifically stated in the job vacancy notice, resumes are not accepted by Lea County.

LEGAL NAME \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS (Current) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ Or (\_\_\_\_\_) \_\_\_\_\_

Are you known to schools or references, or former employers by another name? Yes  No   
If  YES  by what name (s)? \_\_\_\_\_

LIST (**ONLY ONE**) EXACT TITLE OF POSITION AND DEPARTMENT FOR WHICH YOU WISH TO APPLY

Full-Time  Part-Time  Summer  Temporary  Date available for work \_\_\_\_\_  
Expected Salary \_\_\_\_\_

Are you willing to work hours other than 8 a.m. to 5 p.m.? Yes  No  Are you willing to work days other than Monday-Friday? Yes  No   
Are you willing to travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Driver's License (if required for position) \_\_\_\_\_ Expiration Date? \_\_\_\_\_  
(State) (Number)

Class A  Class B  Class C  Class D  Class E  Class M  CDL Endorsements: ? \_\_\_\_\_  
Are you at least 18 years of age? Yes  No

ARE YOU LEGALLY ABLE TO OWN, POSSESS, AND CARRY A FIREARM IN THE STATE OF NEW MEXICO? Yes  No

HAS YOUR LEGAL RIGHT TO VOTE IN ANY FEDERAL, STATE, OR LOCAL ELECTION EVER BEEN REVOKED OR DENIED? Yes  No   
If your answer is "Yes," to either question, explain in concise detail on a separate sheet of paper. This may not disqualify you, but a false statement will.

Have you **ever** been suspended or dismissed from a job? Yes  No  If your answer is "Yes," explain in concise detail on a separate sheet of paper.

EDUCATION (NOTE: Applicants are required to provide proof of education: i.e., diploma, degree, transcripts, licenses, certifications and registrations.)  
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Did you graduate or achieve a GED? Yes  No

Type of School	Name and Locations of School	Dates Attended				Semester Hours Completed	Graduated		Expected/or Graduation Date	Type of Diploma or Degree	Major and/or Minor Field of Study
		From Mo.	From Yr.	To Mo.	To Yr.		Yes	No			
Undergraduate											
Colleges or Universities											
Graduate Schools											
Technical, etc.											

LICENSE / CERTIFICATION (P.E., Attorney, C.P.A., etc.)	Date Issued	Issued by (State or Other Authority)	License No.	Location of Issuing Authority (City & State)

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

**NOTE: PLEASE LIST YOUR JOB HISTORY FOR THE PAST FIVE (5) EMPLOYERS. IF YOUR FIVE (5) LISTED EMPLOYERS DO NOT COVER A SPAN OF AT LEAST SEVEN (7) YEARS, PLEASE USE THE SUPPLEMENTAL EMPLOYMENT HISTORY PAGE.** Start with your current or most recent position. Include any periods in which you were not employed and explain what you were doing at that time. Use additional sheets if necessary and provide detailed information. Include US Military experience (show rank/rate at discharge), summer/part-time jobs and cooperative education assignments. If you need assistance, please ask. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use an employment history supplemental page or attach a typed employment history providing the same information in the same format as this application form.

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ( )						Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ( )			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date		Leaving Date			Total Number of Months	Beginning Salary	Current Final Salary	<input type="checkbox"/> Technical Non-Managerial Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you supervised	<input type="checkbox"/> Give Average Number of Hours worked per week if part-time _____	
Mo	Day	Yr	Mo	Day						

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_

Explain specific reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

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Mo	Day	Yr	Mo	Day						

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_

Explain specific reason for leaving: \_\_\_\_\_

Legal Name \_\_\_\_\_  
 Last Name First Name Middle Name Social Security Number

## EMPLOYMENT HISTORY- SUPPLEMENTAL PAGE

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Mo	Day	Yr	Mo						

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_

Explain specific reason for leaving: \_\_\_\_\_

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Mo	Day	Yr	Mo						

Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_

Explain specific reason for leaving: \_\_\_\_\_

Legal Name \_\_\_\_\_  
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Mo	Day	Yr	Mo						

Summary of experience: \_\_\_\_\_  
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Summary of experience: \_\_\_\_\_  
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Summary of experience: \_\_\_\_\_  
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Summary of experience: \_\_\_\_\_  
 \_\_\_\_\_

Explain specific reason for leaving: \_\_\_\_\_

Special Skills / Qualifications: List **ALL** special skills you possess and machines or equipment you can use, such as calculators, printing or graphics, computer equipment, types of software and hardware, backhoe, grader, forklift, welder, eighteen wheeler, etc.

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Approximate Words Per Minute in Typing (Keyboard) Skills \_\_\_\_\_ (If required for this position)

What language (s) do you speak \_\_\_\_\_

How fluently? Fair  Good  Excellent

Are you a certified interpreter? Yes  No

Have you ever been employed by the **County of Lea**? Yes  No  If Yes, list the departments and dates of employment.

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Do you have any relatives working for the **County of Lea**? Yes  No  If yes, list the names, relationships, and department where employed.

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**REFERENCES:** Please provide names, addresses and phone numbers of three references **NOT** related to you (exclude employers) in order to be considered for employment.

	Name	Address	City / State	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the County, I must comply with its policies, procedures and directives as a condition of employment. I further understand that no employee or representative of Lea County, other than the County Manager, has the authority to enter into any agreement for employment for any specified period of time.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I, the undersigned, authorize any and all of my present and past employers, law enforcement agencies, courts and motor vehicle departments to disclose information regarding my character, integrity, reputation, work performance and job duties to the **County of Lea**.
4. I understand that the **County of Lea** will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the **County of Lea**.
5. It is the policy of the **County of Lea** that applicants given a Conditional Offer of Employment take a drug test to show they are substance free. In order to protect the safety of the workers and the public, any applicant who refuses to take such test and/or whose test shows illegal drug use will not be employed by the **County of Lea**.
6. **Compensatory Time Provision:** The Fair Labor Standards Act permits public employers to compensate employee's overtime hours in the form of time off. Hours which are not "comped" in the same work week will accrue on the basis of time and one-half. Other compensatory time provisions apply to public safety personnel in accordance with Section 207 (k) of the FLSA.

**THIS APPLICATION MUST BE SIGNED**

Sign Here ► \_\_\_\_\_

Applicant's Signature

Date

# **DRUG AND ALCOHOL POLICY APPLICANT'S OVERVIEW FORM**

The County of Lea has a commitment to a drug-free workplace as a leader in promoting a drug-free work force.

All applicants, upon a conditional offer of employment for regular full or part-time safety-sensitive positions and temporary positions, will be required to submit a pre-employment alcohol/drug screen. A job applicant who refuses to consent to a drug and alcohol test, fails to report to collection site, or fails (tests positive) for such test will be denied employment.

If a sample is positive for substances that may be associated with prescription medication, the applicant will be given the opportunity to report any medications that have been recently used to the Director of Human Resources, and will be asked to supply proof of valid prescription.

An applicant who tests positive on an alcohol/drug test may elect to have, at the applicant's expense, a portion of the original specimen retested by another approved testing facility, using the cut-off levels established in the Lea County Alcohol and Substance Abuse Policy and Procedure. The request for a retest must be made within two working days of the applicant's notification of positive results. The original testing laboratory shall then arrange for the shipment of the sample to the approved testing facility of the applicant's choosing. The County shall reimburse the applicant for the retest if the retest is negative.

All employees are subject to a Drug and Alcohol Policy depending upon their jobs, which may include testing under the following conditions: post-vehicle accident, post-incident, reasonable suspicion, random and firearm discharge.

I certify that I have read the above overview of the County of Lea Drug and Alcohol Policy and consent to comply with all provisions of the policy.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LEA COUNTY SHERIFF'S DEPARTMENT

## SUPPLEMENT QUESTIONNAIRE

### Lea County Sheriff's Deputy

Full Legal Name:	LAST,	FIRST,	MIDDLE TODAY'S DATE
List any other name you have used ( maiden, nicknames, married, etc.)			
1.		4.	
2.		5.	
3.		6.	

The provisions of the Law Enforcement Training Act ( 29-7-1 to 29-7-11 NMSA 1978) established the following specific criteria for admissions to the law enforcement academy and mandated certification(s).

**REQUIREMENTS FOR SHERIFF'S DEPUTY:**

1. Be a citizen of the United States and reached 21 years of age;
2. Hold a High School diploma or GED;
3. possess a valid driver's license;
4. have not been convicted of or pled guilty to or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding their application, to any violation of any federal or state law or local ordinance relating to aggravated assault, theft, driving while intoxicated, controlled substances or other crime involving moral turpitude and **HAVE NOT BEEN RELEASED OR DISCHARGED UNDER DISHONORABLE CONDITIONS FROM ANY OF THE ARMED FORCES OF THE UNITED STATES.**
5. after examination by a certified psychologist, found to be free of any emotional or mental condition which might adversely affect performance as a Sheriff's Deputy or be prohibited from successfully completing prescribed basic law enforcement training required by the Law Enforcement Training Act (29-7-1- to 29-7-11 NMSA 1978).
6. be of good moral character;
7. have met any other requirements for certification prescribed by the board pursuant to regulations adopted by the board; and
8. applicant affidavit of United States citizenship

Item #9 is applicable to Sheriff Deputy applicants only:

9. after examination by a licensed physician, found to be free of any physical condition which might adversely affect performance as a Sheriff's Deputy or be prohibited from successfully completing prescribed basic law enforcement training required by the Law Enforcement Training Act (29-7-1 to 29-7-11 NMSA 1978);

In addition, the Lea County Sheriff's Department sets the following for Sheriff's Deputies:

1. 21 years of age or older at the time of employment;
2. Prefer Honorable Discharge from any of the Armed Forces of the United States;
3. No conviction of or for family violence criminal offense; and
4. No drug use in the past 5 years.

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FULL NAME:	LAST,	FIRST,	MIDDLE	TODAY'S DATE
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## **DRUG USAGE**

The use of any of the following drugs within a five (5) year period prior to application will be cause for disqualification:

**Cocaine  
Heroin  
Methamphetamine**

Any prior/current use of **L.S.D.** or other hallucinogens will be reason for disqualification. Any other drug usage will be reviewed on an individual basis to determine acceptability or disqualification depending upon the frequency and recency of usage. Information regarding drug usage will be included in post-offer polygraph.

## **ACADEMY FITNESS SCREENING STANDARDS**

Following a conditional offer of employment, applicants for the position of Sheriff's Deputy are required to meet fitness Screening Standards as required by the New Mexico Law Enforcement Academy.

## **PHYSICAL ASSESSMENT**

Applicants for the position of Sheriff's Deputy will participate in a fitness assessment.

## **WRITTEN EXAMINATION**

Written exams will be given on a regular basis as departmental need dictates. The exam takes approximately two hours to complete. The exam is graded and pass/fail results will be mailed to the applicants in approximately two (2) weeks. To participate in the testing process applicants must bring **A STATE ISSUED PHOTO I.D.**

## **ORAL REVIEW BOARD**

Applicants are interviewed by department representatives who will measure traits that are significant or necessary to perform the job, and demonstrate the applicants ability to relate ideas and answer questions relative to the job. Applicants who fail the oral review board may re-apply after twelve (12) months to reschedule a second oral interview if positions are available. Applicants may only appear before the board twice.

## **BACKGROUND INVESTIGATION AND REFERENCE CHECKING**

Applicants who receive a conditional offer of employment will be scheduled to meet with a background investigator complete their portion of the background investigation which includes, but is not limited to: reference checking & criminal history. Upon completion of the background investigation and a reference check, results are favorable if the investigation does not reveal any areas of concern which would be a contraindication of employment with the Lea County Sheriff's Department such as convictions of perjury (lying under oath) and brutality.

## **POLYGRAPH EXAMINATION**

During the employment phase, applicants for the positions of Deputy for the Lea County Sheriff's Department are required to participate in a polygraph examination.

**TERMS**

Conditional Offer of Employment: A conditional offer of employment will be extended to eligible applicants by Sheriff's Department personnel, prior to the required drug screen, psychological, medical and physical examinations. The conditional offer will be withdrawn if: the applicant tests positive for controlled substances, medical practitioner (s) reveal any areas of concern or if there are any other indicators which would be a contraindication of good moral character for employment with the Lea County Sheriff's Department.

**PSYCHOLOGICAL EXAMINATION**

Following a conditional offer of employment, candidates for Sheriff's Deputy will participate in a psychological examination consisting of a written questionnaire and an interview with a psychologist. In compliance with the New Mexico Law Enforcement Academy regulations applicants who are not recommended for hire will be reported to the NM Law Enforcement Academy.

**MEDICAL EXAMINATION**

Following a conditional offer of employment, applicants for the position of Sheriff's Deputy will undergo a physical examination by the County's appointed medical doctor. The examination is based upon the medical standards of the New Mexico Law Enforcement and requires fasting prior to the examination.

**WORKING CONDITIONS**

The Deputies will work five (5) days on and two (2) days off (or as designated assigned shift). The shifts are eight and one-half (8.5) hours in length. Shift rotation closely coincides with the local college and junior college semesters for those individuals who wish to continue their education. The Lea County Sheriff's Department is a very progressive department and, for those meeting department requirements, there are opportunities for advancement in the Field Services, Civil, and Criminal Investigation Divisions.

**UNIFORMS**

The department furnishes all necessary equipment to Lea County Sheriff's Deputies.

**CERTIFIED APPLICANTS/LATERAL TRANSFERS**

Deputies who are certified by the New Mexico Law Enforcement Academy and whose commission is current will have the written examination and Fitness Screening Standards waived.

Deputies who are certified by New Mexico Law Enforcement Academy and whose commission has lapsed, but are eligible for recommission through the "Certification by Waiver of Previous Training" Academy will have the written examination waived but must meet the Fitness Screening Standards.

Deputies who are certified in another state and who are eligible for the New Mexico Law Enforcement Academy's "Certification by Waiver of Previous Training" will have the written examination waived but must meet the Fitness Screening Standards.

FULL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

**DRIVING HISTORY**

Do you currently have a valid driver's license?  YES  NO

STATE	LICENSE CLASS	EXPIRATION	DRIVERS LICENSE NUMBER	RESTRICTIONS

Have you ever had any other driver's licenses?  YES  NO

If you checked "YES," in the space below list all states where you have been licensed and/or all names you have been licensed under.

NAMES	STATES

Have you ever had a driver's license revoked or suspended by the licensing authority (state or county)?  YES  NO \*If YES, in the space below list the required information.

FROM	TO	STATE	REASON

Have you ever been sentenced to a driver improvement school?  YES  NO \*If YES, in the space below list the required information.

FROM	TO	STATE	REASON



FULL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

Have you ever illegally obtained any prescription drugs or controlled substances? [ ] YES [ ] NO

Have you ever used any illegally obtained prescription drugs or medications? [ ] YES [ ] NO

Have you ever illegally sold, furnished or supplied any narcotics or drugs to anyone? [ ] YES [ ] NO

Have you ever possessed any illegal narcotics or drugs? [ ] YES [ ] NO

**EMPLOYMENT/TRAINING**

Have you ever applied for a position with any law enforcement or public safety agency? [ ] YES [ ] NO

DATE	DEPARTMENT	CITY/STATE	STATUS

If not hired, indicate what reason(s) you were given except items covered by the American with Disabilities Act (ADA).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any law enforcement training? [ ] YES [ ] NO \*If YES, explain in the space below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the extent of your exposure to law enforcement activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# LEA COUNTY EMPLOYEE BENEFITS

BENEFITS ***	TO WHOM	EMPLOYEE PAYS	COUNTY PAYS
Bereavement Leave (up to 5 days)	All Employees	None	Yes
Deferred Compensation Plan (Section 457B)	All Employees	Voluntary Deduction	None
Direct Deposit	All Employees	None	Yes
Group Health Insurance: Dental Insurance: Vision Insurance:	All Employees All Employees All Employees	Monthly 5% 5% 5%	Monthly 95% 95% 95%
P.E.R.A.	Civilian Employees Sheriff's Deputies	4.575% 8.85 %	13.725% 22.0 %
Jury Leave	All Employees	None	Yes
Life Insurance	All Employees	5%	95%
Military Leave	All Employees	None	Yes
Optional Life Insurance	All Employees	Varies	None
Paid Holidays (10 Days)	All Employees	None	Yes
Pre-Tax Premium (Section 125)	All Employees	None	None
Workers Compensation	All Employees	None	Yes
County Uniforms	Designated Jobs	None	Yes
Annual Leave Hours	1-5 years/3.75 per pay period** 6-10 years/4.75 per pay period** 11-15 years/5.75 per pay period** 16+ years/6.75 per pay period**	None	Yes
Sick Leave Hours	1-10 years/3.75 per pay period** 10+ years/4.75 per pay period**	None	Yes

\*\*\*see Lea County Personnel Ordinance for details

\*\*Varies on years of County Service

## ENTRY FITNESS STANDARDS - 40th PERCENTILE

### #1 Upper Body Strength

1 minute maximum number of push-ups

Age	Male	Female <i>Modified</i>	Female <i>Full Body</i>
20-29	29	23	15
30-39	24	19	11
40-49	18	13	9
50-59	13	12	9
60+	10	5	9

### #2 Muscular Endurance

1 minute maximum number of sit-ups

Age	Male	Female
< 20	41	32
20-29	38	32
30-39	35	25
40-49	29	20
50-59	24	14
60+	19	6

### #5 Flexibility

sit and reach -inches

Age	Male	Female
< 20	16.5	20.5
20-29	16.5	19.3
30-39	15.5	18.3
40-49	14.3	17.3
50-59	13.3	16.8
60+	12.5	15.5

### #3 Aerobic Power

Age	Male	Female
< 20	12:29	15:05
20-29	12:29	15:05
30-39	12:53	15:56
40-49	13:50	17:11
50-59	15:14	19:10
60+	17:19	20:55

### #4 Anaerobic Power

300 meter run

Age	Male	Female
< 20	59.0	71.0
20-29	59.0	71.0
30-39	58.9	79.0
40-49	72.0	94.0
50-59	83.2	94.0
60+	83.2	94.0

**SHERIFF APPLICANT'S RELEASE FORM**

\_\_\_\_\_ an applicant for employment with the Lea County Sheriff's Department, hereby acknowledges that he/she is required to undergo the agility tests listed on the attachment hereto.

Applicant hereby states that he/she is of good health and has no medical conditions that these tests would aggravate. Applicant specifically releases the County of Lea from any and all claims that he/she may have or that may be made on his/her behalf or by other persons claiming by or through applicant by reasons of injuries or harm that may result to the applicant from participating in these agility tests.

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature      Date





## WILLINGNESS QUESTIONNAIRE SHERIFF DEPUTY

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please answer the following questions concerning the Sheriff's Deputy position for which you are applying.*

1. Are you willing to work on legal holidays (Christmas Day, Thanksgiving, July 4<sup>th</sup>)? (    ) Yes      (    ) No
2. Are you willing to work rotating shifts? (    ) Yes      (    ) No
3. Are you willing to report for duty upon short notice or on days off, sacrificing your and your family's personal plans? (    ) Yes      (    ) No
4. Are you willing to spend hours writing reports if necessary, after your shift is over? (    ) Yes      (    ) No
5. Are you willing to work 16 hours in a row if necessary? (    ) Yes      (    ) No
6. Are you willing to handle situations that involve the possibility of injury to yourself? (    ) Yes      (    ) No
7. Are you willing to accept a court decision that runs contrary to your own wishes? (    ) Yes      (    ) No
8. Are you willing to accept being told exactly what to do? (    ) Yes      (    ) No
9. Are you willing to maintain your composure while being insulted or sworn at? (    ) Yes      (    ) No
10. Are you willing to risk your life for the safety of a fellow officer? (    ) Yes      (    ) No
11. Are you willing to enforce rules and regulations that you do not agree with? (    ) Yes      (    ) No
12. Are you willing to accept change on a frequent basis? (    ) Yes      (    ) No



# LEA COUNTY SHERIFF'S DEPARTMENT

215 E. Central • Lovington, New Mexico 88260

## AGREEMENT AUTHORIZING RELEASE OF INFORMATION

**TO WHOM IT MAY CONCERN:** I \_\_\_\_\_ am an applicant for a position with the Lea County Sheriff's Department. The County of Lea needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department, (except for information covered by the Americans Disabilities Act, ("ADA")).

I hereby authorize any representative of the County of Lea bearing the release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part there of, concerning myself, by and to any duly authorized agent of the County of Lea, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the County of Lea to consider in determining my suitability for employment with the County. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have pertaining to me, my work background and reputation, my military service records, educational records, 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 hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of County of Lea , including its officers, employees, and other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the County of Lea regardless of any agreement I may have made with you previously to the contrary. The Personnel Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

\_\_\_\_\_  
Applicants Initials

For and in consideration of the County of Lea's acceptance and processing of my application for employment, I agree to hold the County of Lea , its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the County of Lea. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the County of Lea in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the County of Lea as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing or my signature.

This waiver is valid for a period of twelve (12) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his employer, agents, and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicants Initials



**PRE-EMPLOYMENT  
PSYCHOLOGICAL EVALUATION  
WAIVER OF CONFIDENTIALITY**

I understand that after a conditional offer of employment has been made for a Deputy with the Lea County Sheriff's Department , I will be examined by a physician or qualified psychologist and be found to be free of any emotional or mental condition which might adversely affect my ability as a Deputy. Such examination or examinations will include, but not necessarily by limited to, the Minnesota Multiple Personality Inventory (MMPI) and not less than one clinical interview session with the physician or qualified psychologist.

I further understand that the results of my psychological examination or examinations will be reviewed be personnel of Lea County for determination of the suitability of my mental or emotional condition for Deputy with or without reasonable accommodation with American's with Disabilities Act (ADA).

Therefore, I waive any privilege of confidentiality of "physician-patient relationship," or "psychotherapist-patient relationship," to the extent that the results of the examination hereinbefore described may now or at any future time be released to Lea County, its officers, agents or assigns, for the purpose of assessing my emotional and mental suitability for detention officer duties and authorize such physicians, psychologists, their agents or employees, to release such records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, in the County of \_\_\_\_\_  
State of \_\_\_\_\_.

Printed name of person giving consent

\_\_\_\_\_

Signature of the person giving consent

\_\_\_\_\_

## SHERIFF DEPARTMENT'S APPLICANT PACKET CHECKLIST

APPLICANT'S FULL LEGAL NAME:            LAST                                    FIRST                                    MIDDLE

SOCIAL SECURITY #: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

	Initials
County of Lea Original Employment Application	_____
Supplemental Questionnaire	_____
County of Lea/Drug & Alcohol Policy Form	_____
County of Lea/EEO Compliance Form	_____
Authorization for Release of Information Agreement <i>(to be signed in the presence of a Notary Public)</i>	_____
Pre-Employment Psychological Evaluation Waiver of Confidentially	_____
Willingness Questionnaire	_____
Copy of High School Diploma or GED Certificate <i>(Plus Highest Level completed ie. Associates, Bachelors, Masters, Doctorates)</i>	_____
Military DD214 Member 4 copy and/or NGB FORM 22 (If applicable)	_____
Copy of Valid State Driver's License	_____
Copy of Social Security Card	_____
Certified Copy of Law Enforcement Academy Certification (Location)	_____

**NOTES:** \_\_\_\_\_

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