



**RIO ARRIBA  
SHERIFF'S  
OFFICE**

**Sheriff James D. Lujan**

**SHERIFF'S DEPUTY  
EMPLOYMENT APPLICATION PACKET**

Completion of the Rio Arriba Sheriff's Deputy Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of Sheriff's Deputy. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen.

Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space.

All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Sheriff's Deputy Employment Application
- Waiver of Liability and Release Form
- Pre-employment Drug Screen Consent Form
- Sheriff's Deputy Position Description

Return the entire packet to the address below:

**Rio Arriba Sheriff's Office  
1122 Industrial Park Road  
Española, NM 87532**

Office Use Only: Date received \_\_\_\_\_

# SHERIFF'S DEPUTY EMPLOYMENT APPLICATION



## Instructions

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of Rio Arriba County.

## Basic Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Please list any other names that you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Home Number Daytime Number Cell Number*

Driver's License: \_\_\_\_\_  
*Number State Type*

Place of birth: \_\_\_\_\_  
*City State Country*

## Eligibility

1. Are you at least 21 years of age?  Yes  No
2. Do you have a legal right to work in the United States? (Check one)  
 U.S. Citizen  Permanent Resident Status \_\_\_\_\_ Other (specify)
3. Are you a licensed peace officer in the State of New Mexico?  Yes  No
4. If yes, where and when did you obtain your license? \_\_\_\_\_  
*POST Training Academy or Department*

\_\_\_\_\_ Address *Date* City State Zip

5. Has your NM peace officer's license ever been suspended?  Yes  No

6. If yes, explain the circumstances on a separate sheet.

7. Are you a commissioned/licensed peace officer in another state of the U.S.?  Yes  No

8. If yes, in which state did you receive your commission/license? \_\_\_\_\_

9. If yes, when and where did you obtain your license? \_\_\_\_\_  
*POST Training Academy or Department*

\_\_\_\_\_  
*Address City State Zip Date*

10. Have you applied for a position with the County before? \_\_\_Yes \_\_\_No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_  
\_\_\_\_\_

### **Military Service**

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service? \_\_\_Yes \_\_\_No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard? \_\_\_Yes \_\_\_No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_

*Unit*

\_\_\_\_\_  
*Location*

*Grade*

*Duty Assignment*

### **Education**

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED? \_\_\_Yes \_\_\_No

SCHOOL NAME ADDRESS/PHONE NUMBER GRADUATE COURSE OF STUDY / MAJOR  
High School

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Graduate School

\_\_\_\_\_  
Other

## Specialized Skills and Training

Do you speak another language other than English?  Yes  No    Fluent?  Yes  No

If yes, please list: \_\_\_\_\_

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

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Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with:

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Briefly list any training or skills, including firearms that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

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## Personal History

1. Do you know of any reason that you could not pass a background check?  Yes  No
2. Have you ever been fired or asked to resign from a job?  Yes  No
3. Have you ever received disciplinary action from an employer?  Yes  No
4. Have you ever stolen from an employer?  Yes  No
5. Have you ever committed a crime for which you were not arrested?  Yes  No
6. Have you ever assisted someone in committing a crime?  Yes  No
7. Have you ever falsified a police report?  Yes  No
8. Have you ever accepted money not to report a crime?  Yes  No
9. Have you ever slept on the job?  Yes  No
10. Has any driver's license issued to you ever been suspended or revoked?  Yes  No
11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?  Yes  No
12. Have you ever been bonded?  Yes  No
13. Have you ever been refused bond?  Yes  No

**If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet.** List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

### **Traffic, Civil Court, and Criminal Record**

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

<i>Type of case</i>	<i>Jurisdiction</i>	<i>City</i>	<i>State</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

### **Employment History**

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Residences

List all residences where you have lived during the past ten years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

Address	City	State	Zip Code	Dates
1.				
2.				
3.				
4.				
5.				

**Personal References**

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

Name	Address	Phone Number
1.		
2.		
3.		

**Remarks**

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

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**Please Read Carefully Before Signing This Application**

*I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from County service if I have been employed.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Rio Arriba Sheriff's Office tests applicants at least once each year or as needed to fill vacancies.

This is what will happen with your application.

1. Your application is reviewed to ensure you meet the minimum qualifications for a deputy position and for accuracy, legibility, and completeness.
2. If the application is accepted, you will receive a letter notifying you of acceptance. Letters are not sent for rejected applications.
3. Your application will be placed on file until a test is scheduled.
4. All applicants on file will be notified by mail of the next test date.
5. Failure to appear on the scheduled test date disqualifies the applicant and their application will be discarded. You must submit a new application for the next testing period.

**WAIVER OF LIABILITY AND RELEASE FORM**

In consideration of the Rio Arriba Sheriff's Office and the County of Rio Arriba, New Mexico, hereinafter referred to as the Agency, processing my application for employment,

I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions:  
Full Name (printed)

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

**DO NOT SIGN BEFORE READING** This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Witnessed by: \_\_\_\_\_



**PRE-EMPLOYMENT DRUG SCREEN CONSENT**

1. I, \_\_\_\_\_, as an applicant with the County of Rio Arriba, New Mexico consent to  
Full Name (printed)  
allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the County of Rio Arriba, New Mexico or its authorized agents to representatives.
  
2. I hereby release the County of Rio Arriba, New Mexico and its employees from any action that may arise out of results of such tests or information being released to the County of Rio Arriba, New Mexico.
  
3. I understand that if I fail to sign and return this consent to the County of Rio Arriba, New Mexico, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pre-Employment Physical Fitness Liability Release

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On behalf of the RIO ARRIBA SHERIFF'S OFFICE we would like to thank you for participating in the physical agility and efforts in becoming a DEPUTY RECRUIT/SHERIFF.

RIO ARRIBA COUNTY SHERIFF'S OFFICE will not be responsible for any injuries during the physical agility exam or testing.

My signature hereby constitutes a waiver of any liability against the RIO ARRIBA SHERIFF'S OFFICE or any of its employees.

RECRUIT: \_\_\_\_\_

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

TRAINING SUPERVISOR: \_\_\_\_\_

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

SHERIFF: \_\_\_\_\_

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

**Medical Information & Waiver Form  
Medical History Questionnaire**

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

Emergency Contact Name & Phone Number: \_\_\_\_\_ - \_\_\_\_\_

**PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL**

1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? Yes No  
If so please indicate what medication(s)  
\_\_\_\_\_
2. Are you now on any prescribed medication on a permanent or semi-permanent basis? Yes No  
If so, please indicate the name of the medication and why it was prescribed  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had an epileptic seizure or been informed that you might have epilepsy? Yes No
4. Have you ever been treated for diabetes? Yes No  
If so, please indicate the type(s) of insulin or pills you use \_\_\_\_\_
5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia? Yes No
6. Do you have or have you ever had high blood pressure? Yes No  
If so, please list any medication for it that you take regularly. \_\_\_\_\_
7. Do you have or have you ever had any of the following diseases? Yes No  
If so, please circle the appropriate ones.
- Heart Disease (rheumatic fever)                      Liver Disease (hepatitis)
- Kidney Disease (infections)                              Lung Disease (pneumonia)
8. Have you ever been informed by a medical doctor that you have asthma? Yes No  
If so, what medications, if any, so you take regularly \_\_\_\_\_
9. Do you presently have an unrepaired hernia? Yes No
10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? Yes No  
If so, give the dates of each \_\_\_\_\_  
\_\_\_\_\_
11. If the answer to No. 10 is "yes" did the attending physician have you stay overnight in a hospital? Yes No  
If yes, give the dates of each \_\_\_\_\_  
\_\_\_\_\_
12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? Yes No  
If yes, give the dates of each such injury. \_\_\_\_\_  
\_\_\_\_\_
- 
13. Do you wear any dental appliance? Yes No  
If yes, circle the appropriate appliance:

Permanent bridge              Permanent crown or jacket braces              Full plate removable partial plate

Permanent retainer              Removable retainer

14. Do you wear contact lenses? Yes No
15. Have you had a fracture during the past 2 years? Yes No  
 If yes, indicate which bone was broken and the date it happened. \_\_\_\_\_
16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? Yes No  
 If so, give the dates of the injury \_\_\_\_\_
17. Have you ever had surgery to correct a shoulder condition? Yes No  
 If so, give the date of the injury \_\_\_\_\_
18. Have you ever had an injury to your back? Yes No
19. Do you experience pain in your back? If yes, indicate frequency: Yes No

Seldom   Occasionally   Frequently   With vigorous exercise   With heavy lifting

20. Have you injured your knee during the past 2 years with severe swelling as a result? Yes No
21. Have you ever been told that you injured the ligaments and/or cartilage of either knee? Yes No
22. Have you ever been advised to have surgery to correct a knee problem? Yes No
23. If the answer to No. 22 is yes, has the surgery been completed? Yes No  
 Date: \_\_\_\_\_
24. Have you experienced a severe sprain of either ankle during the past 2 years? Yes No
25. Have you had any injury to your foot or toes in the past 2 years? Yes No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
26. Do you have any chronic conditions that have not been mentioned above? Yes No  
 If so, explain: \_\_\_\_\_  
 \_\_\_\_\_

*The questions on this form have been answered completely and truthfully to the best of my knowledge*

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

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

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next to kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ('Risks'). (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW: (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time: and I FULLY ACCEPT AND ASSURE ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the ACTIVITY.
3. HEREBY RELEASE DISCHARGE AND COVENANT NOT TO SUE the sanctioning organization(s) their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted. (each of the forgoing shall be considered on of the Releasees herein) FROM THE LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITH STANDING, SHALL CONTINUE IN FULL FORCE OR EFFECT.

PRINTED NAME OR PARTICIPANT: \_\_\_\_\_

PARTICIPANTS SIGNATURE: \_\_\_\_\_

ADDRESS : \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SHERIFF'S DEPUTY / RECRUIT POSITION DESCRIPTION

Each applicant is required to review the Position Description for Sheriff's Deputy / Recruit. By signing this form you certify that you are aware of and capable of performing all of the requirements of the position of Sheriff's Deputy / Recruit with the Rio Arriba Sheriff's Office

JOB TITLE: Sheriff's Recruit / Sheriff's Deputy

DEPARTMENT: Sheriff's Office

DATE: January 2019

IMMEDIATE SUPERVISOR: Patrol Sergeant

### ESSENTIAL FUNCTIONS:

1. Community Patrolling Activities
  - a. Serves as a liaison within the community responding to non-criminal public concerns assuring for safety and the best public relations for the county.
  - b. Represents the department in continual interaction with various other social service agencies to combine all resources assuring for the best service to the community.
  - c. Establishes and maintains communication by the frequent use of personal contact with the community assuring for the best public relations for the county.
  - d. Assists the offenders in finding social service agencies available.
2. Patrol Related Activities
  - a. Attends daily briefing and obtains assignment assuring for professionalism.
  - b. Assists with patrolling the county, as needed, and conducts checks and monitors progress within the county.
  - c. Responds appropriately to notification of incident/accident reports assuring for timeliness, professionalism, and for safety.
  - d. Completes reports and submits to sergeant as required, assuring for timeliness and accuracy.
  - e. Looks for law violations that require action. Informs appropriate individual or takes action as appropriate. Does necessary follow-up as required.
  - f. Determines when traffic stops for motor vehicle code violations are necessary and takes appropriate action.
  - g. Responds to requests from immediate supervisor in an accurate, complete and timely manner.
3. Requests for Service Activities
  - a. Receives assignments and responds as requested, assuring for professionalism and the best public relations for the county.
  - b. Completes the required documentation of assignments as necessary assuring for accuracy and timeliness.
  - c. Responds to radio announced incidents, makes a determination regarding the emergency or non-emergency nature of the incident. Coordinates with other units as needed. Prioritizes calls based on importance.
  - d. Responds appropriately and notifies dispatcher of arrival on scene. Takes appropriate enforcement or control action as required assuring that department procedures are followed and assures for officer and public safety.
  - e. Notifies dispatcher of status and begins investigation of offense.
  - f. Locates, gathers, and preserves possible evidence and maintains chain of custody in accordance with department policies.
  - g. Completes investigation, makes determination regarding enforcement action required and completes reports and documentation as required for timeliness and accuracy.
  - h. If needed, makes arrest and handles prisoners assuring for officer and public safety and assuring that department procedures are followed.
  - i. Conducts and completes any required follow-up activities.
4. Other Patrol Activities
  - a. Conducts nuisance violations and parking enforcement activities assuring for safety, professionalism and the best public relations for the county.
  - b. Maintains an awareness of persons, who have outstanding warrants, maintains vigilance

for such persons and serves warrants as required assuring for safety and professionalism, and for following pre-scribed policies and procedures.

- c. Assists with emergency animal control and animal related complaints.
  - d. Responds to requests for assistance from other agencies assuring for professionalism and for adherence to department policies and procedures.
  - e. Maintains and safeguards vehicles and other department issued supplies and equipment.
  - f. Learns and maintains an awareness of all applicable department practices, policies, procedures, laws and rules.
  - g. Learns the geography and locations within the county.
  - h. Spots trouble areas for the county utilities (road conditions, water leaks, traffic light problems, etc.)
  - i. If necessary, acts as supervisor when the sergeant is absent.
5. Jail Related Duties
- a. Books prisoners assuring that all laws, policies and regulations are followed and the safety of self, the prisoner and others is maintained. Enters all information into the appropriate data bases.
  - b. Completes all required documentation in accordance with department procedures (fingerprinting, property inventory, photographing, etc.)
  - c. Files prisoner information in the appropriate location assuring for accuracy.
  - d. Readies prisoners for transport to and from court or to other agencies.
  - e. Manages bonding and release process by communicating with prisoner and/or bond agent and completes required forms.
6. Training and Court Duties
- a. Attends training and continuing education to maintain certifications.
  - b. Develops training sessions for the Sheriff's Office personnel based on specialization areas.
  - c. Prepares documents and evidence for court proceedings when necessary.
  - d. Testifies and presents evidence before the court when subpoena received.
  - e. Acts as bailiff to maintain order in the court, brings prisoners to the court, and follows orders of the judge pertaining to the behavior in court and disposition of prisoners.

*This job description in no way states or implies that these are the only duties to be performed by the employee occupying the position. Sheriff's Deputies will be required to follow any other job-related instructions and to perform any other job-related duties as assigned by their supervisor; subject to reasonable accommodations.*

#### WORK ENVIRONMENT

- Above average accessibility of all work sites required for the position.
- Extreme exposure to weather and temperature extremes.
- Average exposure to chemical and fumes.
- Average exposure to heights.
- Above average exposure to work safety hazards.
- Average amount of overtime/extended work hours required.
- Above average exposure to dust.
- Above average exposure to loud noises.
- Above average exposure to darkness.
- Above average exposure to cramped spaces.

#### PHYSICAL EFFORT

- Above normal physical mobility: movement from place to place on the job, considering distance and speed.
- Above normal physical agility: ability to maneuver body while in place.
- Normal physical strength to handle office materials.
- Above normal physical strength to handle 150 lb. objects, considering frequency.
- Normal dexterity of hands and fingers.
- Normal physical balance: Ability to maintain balance and physical control.
- Normal coordination, including eye/hand, hand/foot, etc.
- Above normal endurance.

## KNOWLEDGE REQUIREMENTS

- Completed high school diploma or equivalent.
- Valid New Mexico drivers license.
- Completed basic law enforcement academy training.
- Must be at least 21 years of age, US citizen or authorized to work in the US.
- Non-convicted felon.
- POST certification.

## MENTAL EFFORT

- Normal concentration/intensity: prolonged mental effort with limited opportunity for breaks.
- Average memory, considering the amount and type of information.
- Above normal complexity of decision making.
- Normal time pressure of decision making.
- Normal analytical thinking.
- Normal conceptual thinking.

## COMMUNICATION

- Above-average verbal communication.
- Above-average written communication.
- Above-average non-verbal communication.

## SENSORY ABILITIES

- Normal ability to see.
- Normal ability to distinguish colors.
- Normal ability to hear.
- Normal ability to smell.
- Normal sense of touch.

**By signing this form you certify that you are capable of performing all of the requirements of the position of Sheriff's Deputy / Recruit with the Rio Arriba Sheriff's Office.**

\_\_\_\_\_  
Applicant Signature    Date

\_\_\_\_\_  
Witness Signature    Date