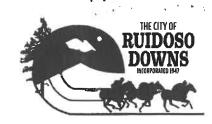
# Community Service Officer City of Ruidoso Downs Application Requirements

The City of Ruidoso Downs appreciates your interest in a position with our City. Please take a few minutes to read the following requirements of our application process.

- 1. Please fill out the application completely including your signature and driver's license number.
- 2. The job description must be signed and returned with the application.
- 3. You may attach a personal resume, or other information for consideration, however the City application must be completed and turned into Personnel to be considered for any positions available.

All applications for positions of Law Enforcement Officer, Law Enforcement Communication Operator, or other Public Safety Position with the City of Ruidoso Downs must provide a complete Personal History Statement, Personal Integrity Questionnaire, Disclosure Affidavit, Authorization to Release Personal Information along with three letters of reference and the City application to be considered.

The City of Ruidoso Downs appreciates your application and should you require any assistance or need answers to your questions, please do not hesitate to contact the Personnel Department at 575-378-4422, Monday through Friday, 8 a.m. to 5 p.m., 123 Downs Drive, Ruidoso Downs, New Mexico 88346.



# **Application for Employment**

**PLEASE PRINT** 

| 1 1                  | vallable to all persons. Those applications requiring reasonable<br>cess should notify a representative of the Human Resources |
|----------------------|--|
| Position applied for | Date of application//  |

|                    |                                       | 31017         |                | ., _                |                    |
|--------------------|---------------------------------------|---------------|----------------|---------------------|--------------------|
| Referral Source    | ☐ Advertisement                       | □Employee     | □Relative      | ☐Government Er      | nployment Agency   |
|                    | □ Walk-in □ Pr                        | ivate Employm | ent Agency     | □Other              |                    |
| Namo               |                                       |               |                |                     |                    |
| LA                 | ST                                    | FIRS          | Т              | MI                  | DDLE               |
| Address            |                                       | -             |                |                     |                    |
| STREET             |                                       | CITY          |                | STATE               | ZIP CODE           |
| Telephone # (      | _)                                    | Cell # ()_    |                | E-mail Address      |                    |
| Driver's license n | umber                                 |               |                | State               |                    |
| -                  | .8 and it is required,<br>ain         |               |                |                     |                    |
|                    | ed an application he                  |               |                |                     |                    |
|                    | en employed here b<br>and position(s) |               |                |                     |                    |
|                    | gible for employme<br>work/           |               |                |                     | \$                 |
| Type of employm    | ent desired     Fuil-                 | Time □Part-T  | ime □Temp      | orary               | ☐Educational Co-Op |
| Will you relocate  | if job requires it? $\square$         | ]Yes □No W    | ill you travel | if job requires it? | □Yes □No           |
| Are you able to m  | eet the attendance                    | requirements  | of the positio | on? □Yes □No        |                    |
| •                  | ertime if required?<br>ain            |               |                | -110                |                    |

# **Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, stating with the most recent (use additional sheets if necessary.) Explain any gaps in employment in comments section below.

| EMPLOYER                                | DATES E  | MPLOYED     | SUMMARIZE TYPE OF WORK PERFORMED AND JOB |
|---|----------|-------------|--|
|   | FROM     | то          | RESPONSIBILITY                           |
| TELEPHONE#( )                           |          |             |  |
| ADDRESSS                                |          | -           |  |
|   |          |             |  |
| STARTING JOB TITLE/FINAL JOB TITLE      |          | ATE/SALARY  |  |
|   | STAR     | ŢING        |  |
| IMMEDIATE SUPERVISOR AND TITLE          | \$       | PER         |  |
|   |          |             |  |
| REASON FOR LEAVING                      | HOURLY   | RATE/SALARY |  |
|   | FIN      | IAL         |  |
|   | \$       | PER         |  |
|   | L        | L           |  |
| MAY WE CONTACT FOR REFERENCE?           | No □Lat  | er          |  |
| EMPLOYER                                | DATES E  | MPLOYED     | SUMMARIZE TYPE OF WORK PERFORMED AND JOB |
|   | FROM     | то          | RESPONSIBILITY                           |
| TELEPHONE # ( )                         |          |             |  |
| ADDRESSS                                |          |             |  |
|   |          |             |  |
| STARTING JOB TITLE/FINAL JOB TITLE      |          | ATE/SALARY  | 1  |
|   | STAR     | TING        |  |
| IMMEDIATE SUPERVISOR AND TITLE          | \$       | PER         | 1  |
|   |          |             | 1  |
| REASON FOR LEAVING                      | HOURLY F | ATE/SÄLARY  | 1  |
| NA DOM CONTROL                          | FIN      | AL          |  |
|   | \$       | PER         |  |
|   |          |             |  |
| MAY WE CONTACT FOR REFERENCE?   Yes   I | No □Lat  | er          |  |
| EMPLOYER                                |          | MPLOYED     | SUMMARIZE TYPE OF WORK PERFORMED AND JOB |
|   | FROM     | то          | RESPONSIBILITY                           |
| TELEPHONE # ( )                         |          |             | 1  |
| ADDRESSS                                |          | 1           |  |
|   |          |             |  |
| STARTING JOB TITLE/FINAL JOB TITLE      |          | ATE/SALARY  | 1  |
| ,                                       | STAR     | TING        |  |
| IMMEDIATE SUPERVISOR AND TITLE          | \$       | PER         | -  |
| INNINIEUM E SUPERVISUR MINU TITLE       | ľ        | '="         |  |
| DEACON FOR LEAVING                      | HOURIVE  | ATE/SALARY  | -  |
| REASON FOR LEAVING                      | FIN      | AL.         | ]  |
|   | \$       | PER         |  |
|   |          |             | ]  |
| MAY WE CONTACT FOR REFERENCE?           | Vo □Lat  | or          |  |
| MAY WE CONTACT FOR REFERENCE? LYes LI   | 40 ILLar | CI .        | 0.000                                    |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

| ıcational Background  |   |  | 1 49 110 144   | ::1                             |                 |
|---|---|--|--|---------------------------------|-----------------|
| A. List last three (3) school degree or diploma earned study (if applicable.)   | _   |  |  | -                               |                 |
| A. SCHOOL   | B.NUMBER OF<br>YEARS COMPLETED                    | C. DEGREE<br>DIPLOMA   | D. GPA   | E. MAJOR                        | F.MINOR         |
| 41 42 4 4 4 4   |   |  |  |                                 |                 |
| <del></del>   |   |  |  |                                 |                 |
| References  |   |  |  |                                 |                 |
|   |   |  |  |                                 |                 |
| List professional, trade, bus<br>EXCLUDE MEMBERSHIPS THAT WO<br>DISABILITIES, VETERAN/RESERVE, I  | OULD REVEAL RACE, COLOR,                          | , RELIGION, SEX, NA  | ices held.<br>TIONAL ORIGIN, CITIZE                      | NSHIP, AGE, MEN<br>ÖFFICES HELD |                 |
| List professional, trade, bus<br>EXCLUDE MEMBERSHIPS THAT WO<br>DISABILITIES, VETERAN/RESERVE, I  | DULD REVEAL RACE, COLOR,<br>NATIONAL GUARD OR ANY | , RELIGION, SEX, NA  | ices held.<br>Tional Origin, Citize<br>Protected Status. | NSHIP, AGE, MEN                 |                 |
| List professional, trade, bus<br>EXCLUDE MEMBERSHIPS THAT WO<br>DISABILITIES, VETERAN/RESERVE, I  | DULD REVEAL RACE, COLOR,<br>NATIONAL GUARD OR ANY | , RELIGION, SEX, NA  | ices held.<br>Tional Origin, Citize<br>Protected Status. | NSHIP, AGE, MEN                 |                 |
| Additional Information List professional, trade, bus EXCLUDE MEMBERSHIPS THAT WO DISABILITIES, VETERAN/RESERVE,  ORGANI  List special accomplishme EXCLUDE MEMBERSHIPS THAT WO DISABILITIES, VETERAN/RESERVE, I | Ents, publications, avoid reveal race, color,     | RELIGION, SEX, NA OTHER SIMILARLY P  Wards, etc. RELIGION, SEX, NA | ices held. ITIONAL ORIGIN, CITIZE PROTECTED STATUS.      | OFFICES HELD                    | TAL OR PHYSICAL |
| List professional, trade, bus EXCLUDE MEMBERSHIPS THAT WO DISABILITIES, VETERAN/RESERVE, ORGANI  List special accomplishme EXCLUDE MEMBERSHIPS THAT WO  | Ents, publications, avoid reveal race, color,     | RELIGION, SEX, NA OTHER SIMILARLY P  Wards, etc. RELIGION, SEX, NA | ices held. ITIONAL ORIGIN, CITIZE PROTECTED STATUS.      | OFFICES HELD                    | TAL OR PHYSICAL |
| List professional, trade, bus EXCLUDE MEMBERSHIPS THAT WO DISABILITIES, VETERAN/RESERVE, ORGANI  List special accomplishme EXCLUDE MEMBERSHIPS THAT WO  | Ents, publications, avoid reveal race, color,     | RELIGION, SEX, NA OTHER SIMILARLY P  Wards, etc. RELIGION, SEX, NA | ices held. ITIONAL ORIGIN, CITIZE PROTECTED STATUS.      | OFFICES HELD                    | TAL OR PHYSICAL |

# **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Mayor.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

# DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

| I certify that I have read, fully understand and accept all terms of the foregoing Applicant Stateme |       |  |
|--|-------|--|
|  | 55    |  |
| Signature of Applicant   | Date/ |  |

CITY OF RUIDOSO DOWNS
P. O. BOX 348
123 DOWNS DRIVE
RUIDOSO DOWNS, NM 88346

AN EQUAL OPPORTUNITY EMPLOYER

# RUIDOSO DOWNS POLICE AND FIRE DEPARTMENT 123 DOWNS DRIVE RUIDOSO DOWNS, NM 88346

# AUTHORIZATION TO RELEASE PERSONAL INFORMATION

| I,o  | n behalf of and representing myself,  |
|--|---|
| hereby authorize   | (Leave Blank)   |
| to release any and all information which may include and credit history, criminal history and information actions or allegations, and/or any other information Downs Police and Fire Department in conducting a investigation.       | , civil actions, regulatory agency which may be used by the Ruidoso           |
| I hereby authorize any employees and/or agents to all information that is requested and/or any records information regarding myself for purposes of this p investigation to the Ruidoso Downs Police and Fire                        | they may hold which disclose re-employment background                         |
| I hereby agree to hold harmless and forever release<br>employee, custodian, representative or assign for re<br>Ruidoso Downs Police and Fire Department.   |   |
| I hereby agree to hold harmless and forever release<br>Police and Fire Department and any person, agent,<br>representative or assign of the Ruidoso Downs Poli<br>obtaining this information and/or conducting this prinvestigation. | employee, officer, director, custodian,<br>ce and Fire Department involved in |
| Any duplicated, photocopied or electronically trans<br>Release Personal Information" shall be binding and  |   |
| Signature:   | Date:   |
| Witness:   | Date:   |
| STATE OF NEW MEXICO<br>COUNTY OF LINCOLN   |   |
| This instrument was signed and sworn to before me  | on, 20  |
| My commission expires:   | Notary Public   |

# RUIDOSO DOWNS POLICE AND FIRE DEPARTMENT 123 Downs Drive RUIDOSO DOWNS, NM 88346

# **DISCLOSURE AFFIDAVIT**

I\_\_\_\_\_, being first duly sworn, upon my oath state:

| 1.                                 | I understand that this Affidavit is given under oath and penalty of perjury to the Ruidoso Downs Police and Fire Department.  |  |
|------------------------------------|---|--|
| 2.                                 | I have not been convicted of a felony criminal offense under the laws of the United States or any state, or Military laws, or the laws of any other country.  |  |
| 3.                                 | I have not been convicted of any offenses (felony or misdemeanor) under the laws of the United States or any state, or Military law, or the laws of any other country that would preclude me from being employed as a police officer.   |  |
| 4.                                 | I declare, under penalty of perjury, that the information in this Affidavit, and all other information which I have provided verbally or in writing to the Ruidoso Downs Police and Fire Department is true and correct.  |  |
| INDEP<br>PUNISI                    | ERSTAND THAT ALL FACTS RECITED IN THIS AFFIDAVIT ARE SUBJECT TO ENDENT VERIFICATION AND THAT IT IS BOTH A FEDERAL AND STATE OFFENSE HABLE BY A FINE, IMPRISONMENT OR BOTH, TO KNOWINGLY MAKE A FALSE MENT IN THIS AFFIDAVIT.  |  |
| OF ANT<br>FIRE D<br>RUIDO<br>AND/O | HER UNDERSTAND THAT FALSIFICATION OF THIS AFFIDAVIT, OR FALSIFICATION Y INFORMATION WHICH I HAVE PROVIDED TO THE RUIDOSO DOWNS POLICE AND EPARTMENT, IN ANY WAY, MAY RESULT IN (1) DENIAL OF EMPLOYMENT WITH THE SO DOWNS POLICE AND FIRE DEPARTMENT, AND (2) DISCIPLINARY ACTION R TERMINATION FROM EMPLOYMENT IF I AM HIRED BY THE RUIDOSO DOWNS AND FIRE DEPARTMENT. |  |
| Signat                             | ure: Date:  |  |
|                                    | E OF NEW MEXICO)<br>TTY OF LINCOLN)   |  |
| This in                            | strument was signed and sworn to before me on, 20   |  |
| Му сог                             | Notary Public mmission expires:   |  |
|                                    | 100 100 100 100 100 100 100 100 100 100   |  |

# RUIDOSO DOWNS POLICE AND FIRE DEPARTMENT PERSONAL INTEGRITY QUESTIONNAIRE

# Read the following instructions CAREFULLY!!

DIRECTIONS: This questionnaire is designed to acquaint you with certain standards, which MAY OR MAY NOT DISQUALIFY YOU AS A CANDIDATE DURING THIS PART OF THE PROCESS.

Your truthful responses to the following questions and during the follow up interview will help to evaluate your chances and ability in continuing the selection process. Recruiting of all candidates is done without regard to race, color, national origin, ancestry, sex, age, religion or disability, in the provision of services, programs or activities. The Ruidoso Downs Police and Fire Department is an Equal Opportunity/Reasonable Accommodation Employer.

All answers on this and other forms may be subject to verification by an intense background investigation. Deliberate inaccuracies, incomplete statements, minimization, rationalizations, omissions and/or misstatements must be corrected. If they are not, it may result in your disqualification from the selection process or termination from employment if hired. It is to your advantage to respond honestly and openly to all of the following questions. Any negative factors in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and its degree of relevance to the job.

The Ruidoso Downs Police and Fire Department is looking for mature, honest people who can admit their mistakes and discuss those mistakes honestly. For example, being fired from a job or having an arrest record is not, in itself, grounds for disqualification in many cases. During your interview, your background investigator will inquire into the facts surrounding the event. An evaluation will be made of the relevance of the facts to the requirements and guidelines of the job. It is your responsibility to be truthful. A negative factor in your background may not terminate you from the process; being dishonest about the negative factor will. Be honest. If you feel some event in your background is indirectly related to your application, even though it is not specifically listed, then disclose it. Save yourself a great deal of time, money, energy and effort if you know you will have to lie at any stage of the application process. It is your responsibility to ask for clarification of any question or word that is not perfectly clear and understandable to you. Unless otherwise stated, each question refers to anytime, any reason, any place, anywhere, at any age, in any jurisdiction, in civilian or military life, domestic or abroad, or on any military installation, base, or federal land. IT IS YOUR RESPONSIBILITY TO BE HONEST AND TRUTHFUL.

Please fill out this form in **BLACK INK** only. It is your responsibility to write clearly and legibly. If we cannot read it, the public will not be able to read your police report either. Remember that neatness in writing, grammar, punctuation, spelling, clarity, and ability to follow written instructions are all evaluated as part of the Selection Process. The time limit to complete this questionnaire is no more than one week from the date it was given to you. If you require more time to complete this questionnaire you must coordinate with your background investigator.

You will need to write a short narrative to FULLY EXPLAIN EACH "YES" ANSWER. Make sure your writing is clear and legible. In your narrative, answer the relevant questions of Who, What, When, Where, Why, How, How Often, etc. as each question requires. Write your narrative in BLACK INK ONLY. Again, it is important that your answers are honest, as the extensive background investigation will verify the information you provide.

Make sure you include sufficient detail in your report that your background investigator can read and fully understand the circumstances of what happened, when and why.

Regarding any DRUG AND SUBSTANCE EXPERIMENTATIONS, make sure you list the dates first used and last used. Don't rationalize or minimize the facts. If you can't remember the exact dates, put down the month and year to the best of your recollection. If you need more room to write on any given page, continue writing on a separate sheet of paper. You will be informed what the next stage of the selection process will be. Thank you for your time, patience and cooperation in this matter.

# **OUALIFICATIONS:**

Are you applying for a police officer or firefighter position? YES NO If yes, complete the following questions:

- 1. Are you currently at least 21 years of age? YES NO
- 2. Do you have any felony convictions or arrests? YES NO
- 3. Do you have any D.W.I. arrests within the last three (3) years in any jurisdiction? YES NO
- 4. Do you have any misdemeanor arrests or citations, excluding traffic within the last three (3) years, for any reason in any jurisdiction? YES NO
- 5. Are you currently a United States Citizen? YES NO
- 6. Do you currently have a valid driver's license? YES NO
- 7. If you have prior military service in any branch and you have been discharged was the discharge listed on your separation papers (DD-214) characterized as honorable? YES NO

-Have you ever been a member of any branch of the armed forces, or are you currently serving in any branch

Do you have MILITARY experience? YES NO

If yes, complete the following questions:

| of the armed services? YES NO   |
|---|
| Which Branch(s): Pay grade last promoted to:  |
| Date first reported to active duty:/ Date of discharge:/  |
| *If you are currently serving (whether active duty, active reserve, or guard) at what date do you expect to |
| complete your obligation or when do you intend to resign your commission?/?                                 |
| List the total time you have in service: (include active-duty, active-reserve and guard service together)   |
| years.  |
| What was your military specialty in civilian terms:   |

-Did you ever fail any term or condition of your enlistment for any reason? YES NO

Character of discharge received: (circle correct one)

HONORABLE MEDICAL GENERAL DISHONORABLE

- -Were you ever declared U.A., A.W.O.L., or Missing Ships Movement? YES NO
- -While in the military did you ever receive any punishment that resulted in a written reprimand, demotion, suspension, reduction in rank, being relieved of duty, loss of pay or confinement? (This includes such things as Article 15's, Page 11's, Captain Masts, Company punishments, Court Marshal's, written counseling statements, etc.) YES NO

| If you have answered YES to any of the   | e above military questions, please briefly explain the circumstances  |
|--|---|
| here:  |   |
| <b>RESPONSE TO QUESTION:</b> # #   |   |
| EVENT HISTORY SECTION:   |   |
| Please answer YES or NO to each of the anywhere, at any age, for any reason, the committed any of the following acts. It unreported, investigated, discovered, on you if you have ever committed this pathat have occurred other than in the limit that have occurred other than in the limit than the limit that have occurred other than in the limit that have occurred other than in the limit that have occurred other than in the limit than the limit that have occurred other than in the limit than the limit that have occurred other than in the limit than the limit that the limit than | the following questions. Each question is asking if at anytime, anyplace, both in civilian life or in military life, domestic or abroad, have you event does not matter if the act was detected, undetected, was reported or if anyone was questioned or arrested. The question is simply asking articular act. It is to your benefit to be honest! Examples refer to things the of duty for the job you were in at that time. WE DO EXPECT FTHE QUESTIONS HONESTLY. This section is also designed to ion ability, your vocabulary and ability to follow written directions don't understand any of the following words or ideas, please contact tance. |
| This includes any and all use including whether you felt the effects of the subs YES or NO. Do not minimize or ration approximate month and year as best you   | e, even once with any of the below listed substances for any reason? It experimentation, curiosity, peer pressure, and any one time use stance or not, inhaled or not. Answer each of the questions truthfully nalize the facts. If you don't know the exact date put down the ou can recall, answer either YES or NO.  |
| 1Marijuana, pot, grass weed, etc   |   |
| Date FIRST used:   | LAST used:  |
| 2Hash, hash oil, hashish, etc.   |   |
| Date FIRST used:   |   |
| 3Cocaine, crack, rock, snow, blo   |   |
| Date FIRST used:   | LAST used:  |
| #  |   |
| #  |   |
| <i>π</i>   |   |
| #  |   |
| 4. Barbiturates, downers, etc.   |   |
| Date FIRST used:   | LAST used:  |
| 5. Amphetamines: uppers, speed,  |   |
| ***************************************  | LAST used:  |

| 6   | _Heroin, black tar heroin, horse, I  | I, etc.  |
|---|--------------------------------------|--|
| Date F  | TRST used:                           | _LAST used:                                    |
| 7   | LSD, Blotter Acid, any other hal     | lucinogenic drug not listed.                   |
| Date F  | IRST used:                           | _ LAST used:                                   |
| 8   | PCP, Angel Dust                      |  |
| Date F  | IRST used:                           | _LAST used:                                    |
| 9   | _THC, opium, morphine                | a a  |
| Date F  | IRST used:                           | _ LAST used:                                   |
| 10  | _Mushroom, Peyote                    |  |
| Date F  | IRST used:                           | _LAST used:                                    |
| 11  | _Quaaludes, Ecstasy, Extasy, etc     | ·  |
| Date F  | TRST used:                           | _LAST used:                                    |
| 12  | _Steroids, injected or oral          |  |
| Date F  | IRST used:                           | _LAST used:                                    |
| Total n   | number of single injections or pills | s taken, not number of cycles!                 |
| 13  | _Inhaled any paint, glue, solvent    | s, gases for the sole purpose of getting high? |
| Type u  | sed:                                 |  |
|   |                                      |  |
|   |                                      | _LAST used:                                    |
| Date F  | IRST used:ONSE TO QUESTIONS:         | _LAST used:                                    |
| Date F. RESPO   | IRST used:ONSE TO QUESTIONS:         | _ LAST used:                                   |
| Date F  | IRST used: ONSE TO QUESTIONS:        | _LAST used:                                    |
| Date F. <b>RESP</b> #  #  #  #  #                       | IRST used: ONSE TO QUESTIONS:        | _LAST used:                                    |
| Date F. <b>RESP</b> #  #  #  #  #  #  #  #  #           | IRST used: ONSE TO QUESTIONS:        | _LAST used:                                    |
| Date F. <b>RESP</b> ( #                                 | IRST used: ONSE TO QUESTIONS:        | _LAST used:                                    |
| Date F.  **RESP**  #  #  #  #  #  #  #  #               | IRST used: ONSE TO QUESTIONS:        | LAST used:                                     |
| Date F.  RESPO # # # # # # # # 14.                      | IRST used:ONSE TO QUESTIONS:         | LAST used:                                     |
| Date F.  RESPO # # # # # # # # 14. Date F.              | IRST used:ONSE TO QUESTIONS:         | LAST used:                                     |
| Date F.  RESPO # # # # # # # 14. Date F.                | IRST used: ONSE TO QUESTIONS:        | LAST used:                                     |
| Date F.  RESPO # # # # 14 Date F.  15 Type:             | IRST used:ONSE TO QUESTIONS:         | LAST used:                                     |
| Date F.  RESPO # # # # 14 Date F.  Type: Date F.        | IRST used:ONSE TO QUESTIONS:         | LAST used:                                     |
| Date F.  RESPO # # # # 14 Date F.  15 Type: Date F.  16 | IRST used:                           | LAST used:                                     |

|   | _Ever purchased any narcotics, illegal drugs, steroids or marijuana without a doctor's prescription for  |
|---|--|
| vou or  | anyone else? Includes giving someone else money to purchase them for you or to defray the costs, chip  |
| in, etc.  |  |
| -   | Ever used any illegal drugs or narcotics on any job or gone to work under the influence of any illegal   |
|   | r narcotic?  |
| _   | Ever sold any illegal or counterfeit drug, including marijuana? (Means received anything of value for  |
|   | as a favor, mechanical work, money, goods, sex, travel, food, gas etc.)  |
|   | Ever manufactured or cultivated any illegal drug or narcotic, including marijuana?   |
|   | Currently associate with anyone who uses any illegal drug(s) while in your presence?   |
|   | _Ever sold or traded anything of value, OTHER THAN MONEY, to purchase any illegal drugs,   |
|   | ng marijuana?  |
|   | ONSE TO QUESTIONS:   |
|   | -  |
| #   |  |
| #   |  |
| #   |  |
| #   |  |
| #   |  |
| #   |  |
| #   |  |
| #   | INAL EVENTS  |
| #   |  |
| #<br>CRIM<br>23                                   | INAL EVENTS  |
| #<br>CRIM<br>23<br>24                             | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?   |
| # CRIM 23 24 structur                             | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building,   |
| # CRIM 23 24 structur 25                          | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)   |
| # CRIM 23 24 structur 25 26                       | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  _Ever received or sold any property you knew or suspected was stolen?  |
| # CRIM 23 24 structur 25 26 27                    | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  _Ever received or sold any property you knew or suspected was stolen?  _Ever committed any theft, larceny or shoplifting?  |
| # CRIM 23 24 structur 25 26 27 28                 | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  _Ever received or sold any property you knew or suspected was stolen?  _Ever committed any theft, larceny or shoplifting?  _Ever committed any murder or manslaughter, voluntary or involuntary?   |
| # CRIM  23 24 structur  25 26 27 28 29            | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  _Ever received or sold any property you knew or suspected was stolen?  _Ever committed any theft, larceny or shoplifting?  _Ever committed any murder or manslaughter, voluntary or involuntary?  _Ever committed any auto theft, including taking an automobile for joy riding?   |
| # CRIM  23 24 structur  25 26 27 28 29 30         | Ever been placed into PROTECTIVE CUSTODY for any reason?  Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  Ever received or sold any property you knew or suspected was stolen?  Ever committed any theft, larceny or shoplifting?  Ever committed any murder or manslaughter, voluntary or involuntary?  Ever committed any auto theft, including taking an automobile for joy riding?  Ever been a suspect in a crime, stopped or detained and questioned reference any crime?   |
| # CRIM  23 24 structur  25 26 27 28 29 30 anythin | INAL EVENTS  _Ever been placed into PROTECTIVE CUSTODY for any reason?  _Ever committed a burglary such as residential, auto or commercial? (Includes entry into any building, re, vehicle, watercraft, etc., to commit any theft or other crime.)  _Ever received or sold any property you knew or suspected was stolen?  _Ever committed any theft, larceny or shoplifting?  _Ever committed any murder or manslaughter, voluntary or involuntary?  _Ever committed any auto theft, including taking an automobile for joy riding?  _Ever been a suspect in a crime, stopped or detained and questioned reference any crime?  _Ever forged any checks, credit cards, or prescriptions with the purpose of defrauding? (Convert |

| 33Ever committed any aggravated assault or battery against another person? (Means used any weapon              |
|--|
| or threatened to use a weapon against another person).   |
| 34Ever committed any act of physical domestic abuse against another person with whom you had been              |
| in or with whom you are in a relationship with, such as a boyfriend/girlfriend, husband, wife, significant     |
| other? (This includes any slap, hit, punch, kick, pinch, shove, push, jab, poke or other serious, painful or   |
| violent physical contact for any reason.)  |
| 35Ever committed any act of bombing or dangerous use of explosives? (Includes pipe bombs, M-80's,              |
| etc.)  |
| 36Ever issued any 'NO ACCOUNT' checks? (on any already closed account or on a false account in                 |
| your or any other name?)   |
| 37Ever committed any act of graffiti, vandalism, criminal damage to private or public property,                |
| including any automobile?  |
| 38Ever offered or accepted any bribe for any reason?   |
| 39Ever committed any arson or negligent use of fire? (Intentionally set any fire)                              |
| 40Ever eluded any police officer, either on foot or in a vehicle?  |
| 41Ever committed any act of kidnapping, false imprisonment, or custodial interference?                         |
| 42Ever counterfeited any money or currency? (Includes Xeroxing.)   |
| 43Ever made any obscene, harassing, threatening, annoying, intimidating phone calls or any false bomb          |
| threats for any reason?  |
| 44Ever committed any hunting, fishing, or boating violations?  |
| 45Ever carried any unlawful deadly weapon into any bar or on school premises, other than in the line of        |
| duty?  |
| 46Ever carried any weapon on your person or in your vehicle for you own personal protection?                   |
| 47Ever failed to file an income tax report, federal or state?  |
| 48Ever been forced to pay any back taxes or tax penalties for any reason, anywhere, anytime, business          |
| or personal?   |
| 49Ever shot at any uninhabited/inhabited dwelling, building, vehicle or at a person, other than in the line    |
| of duty?   |
| 50Ever impersonated a police officer for any reason?   |
| 51Ever altered or possessed a false identification (I.D.)? (Includes driver's license birth certificate, etc.) |
| 52Ever forged another person's signature of any Bill of Sale?  |
| 53Ever obstructed or refused to obey any police officer?   |

| 54Ever committed any act of perjury, lying under oath, either in writing or orally, at any hearing,       |
|---|
| criminal case or civil suit?  |
| 55. Ever failed to return any rental property such as tapes, tools, equipment or vehicles?                |
| 56Ever made a false police or insurance report for any reason?  |
| 57Ever been the target or subject of any Grand Jury Investigation?  |
| 58Ever knowingly committed any Federal Firearms violation? (Includes                                      |
| automatic weapons, silencers, armor piercing rounds, etc.)  |
| 59Ever committed any act of sabotage or espionage against the United States?                              |
| 60Ever committed blackmail, mail fraud or extortion?  |
| 61Ever altered any vehicle V.I.N. (Vehicle Identification Number) for any reason?                         |
| 62Ever falsely obtained any service such as food, utilities, motel, gas, cable TV or                      |
| garbage without paying for it?  |
| 63Ever illegally fire any firearm or a BB or pellet gun?  |
| 64Ever obtained welfare or public assistance benefits to which you were not                               |
| entitled, such as unemployment, aid for dependent children or food stamps?                                |
| 65Ever aided or concealed any wanted felon from any police agency?  |
| 66Ever been the subject of any restraining order?   |
| 67Ever caused the death of another, either intentionally or unintentionally?                              |
| 68Ever been the subject of any arrest warrant? (Juvenile, traffic, misdemeanor,                           |
| felony, federal, parking warrant etc.)  |
| 69Ever been the subject of any search warrant?  |
| 70Ever committed any robbery? (Theft from someone using a weapon, implying a weapon or otherwise          |
| using any force?)   |
| 71Ever purposely provided any false information to any police officer such as a false date of birth, fals |
| social security number, name, address, phone number, event or crime facts, etc                            |
| 72Other than traffic, have you ever been issued any misdemeanor citation for any reason? (minor in        |
| possession of alcohol, trespassing, loitering, littering shoplifting, open container of alcohol, etc.)    |
| 73Ever been required to appear before any Children's or Juvenile court as a defendant for any reason?     |
| 74Ever committed any act of embezzlement? (Includes any theft from any employer, including money          |
| or merchandise, or converting anything entrusted to you to your own use.)                                 |
| 75Ever been placed on court probation either as an adult or as a juvenile? (Includes doing any            |
| community service for any reason, in any state?)  |

| 76           | Ever been paroled or are you currently serving parole or probation?                                  |
|--------------|--|
| 77           | Ever been a 'lookout', 'get-away driver' or in any way aided in any illegal act or crime?            |
| 78           | Ever reported or made a false fire alarm? (Includes pulling fire alarm.)                             |
| 79           | Ever tampered with any evidence for any reason, in any type of case?                                 |
| REL          | ATIONSHIP EVENTS:  |
| 80           | Ever committed any forcible or criminal sex act, other than rape, against another person? (Includes  |
| oral c       | opulation, masturbation, sodomy, etc., against someone's will.)                                      |
| 81           | Ever committed any act of rape or criminal sexual contact of another? (Any sexual intercourse or     |
| fondli       | ng by use of force or implying any weapon?)  |
| 82           | Ever contributed to the delinquency of any minor by providing any liquor or illegal drugs, or for    |
| havin        | g sex with? (Minor means anyone under the age of 18.)  |
| 83           | Ever patronized or procured any prostitute in any country?   |
| 84           | Ever committed any act of prostitution? (performed any sex act for anything of value such as money   |
| goods        | , favors, food, discounts, drugs, travel, lodging, alcohol, mechanical work, services, etc.)         |
| 85           | Ever committed any act of indecent exposure, incest or forcible sodomy?                              |
| 86           | Ever physically abused or sexually molested any child?   |
| 87           | Have you ever physically or sexually abused or molested any mentally or physically handicapped or    |
| elderl       | y person? (Includes the blind, deaf, mute, Down's Syndrome, Muscular Sclerosis, Muscular Dystrophy,  |
| etc.)        |  |
| 88. <u> </u> | Have you ever committed any act of voyeurism at anyone undressing or involved in any sexual ty?      |
| JOB .        | AND WORK HISTORY:  |
| 89           | Ever been suspended or expelled from any school, high school, trade school, community college,       |
| colleg       | e, university, vocational or technical school for any reason?  |
| 90           | Ever drank any alcoholic beverages during working hours contrary to any company policy?              |
| 91           | Ever sued any employer, past or present, in any civil action for any reason?                         |
| 92           | Ever received counseling, a written reprimand, been suspended or relieved of duty for any reason at  |
| any jo       | b you have ever had?   |
| 93           | Ever been fired from, given the option of resigning or resigned to avoid termination from any job?   |
| 94           | Ever been refused a security clearance or have lost a security clearance at any job you have worked, |
| or lie       | or misrepresented any fact in any application or process to secure a security clearance?             |

| TRAFFIC RELATED EVENTS:  |
|--|
| 95Ever been involved in a traffic accident in which you were the driver, during the last three(3)years?    |
| (Includes reported, unreported, hit and run, military, on public or private property.)                     |
| 96Ever received any traffic citations in the last three (3) years? (Includes any parking citations,        |
| dismissed citations, military police citations, warning citations, etc.)                                   |
| 97Ever had your driver's license suspended, revoked or placed on negligent operator status for any         |
| reason in any state?   |
| 98Are any vehicles currently registered to you not insured for any reason?                                 |
| 99Have you ever had a driver's license issued to you other than by the State of New Mexico? (List all      |
| state licenses issued, dates licensed, and license number if known.)                                       |
| 100Ever committed a hit and run accident on either public or private property? (Includes Military bases,   |
| parking lots, etc.)  |
| 101Do you currently possess a valid driver's license? (List state(s), license number and expiration date.) |
| 102Ever been arrested for driving while intoxicated in any jurisdiction?                                   |
| FINANCIAL EVENTS:  |
| 103Ever declared bankruptcy? (Chapter #7, #11, #13, etc.)  |
| 104Ever been referred to any collection agency?  |
| 105Ever had any purchased goods repossessed?   |
| 106Ever had your wages garnished or any liens placed on any property?                                      |
| 107Do you have any unpaid balances on loans, including student loans and credit cards, mortgages, etc.     |
| (if you have a mortgage list the approximate balance and monthly payment. For all other loans, list the    |
| approximate balance for the loan(s) and the approximate total of the monthly payment(s) required.          |
| 108Ever been a defendant, petitioner, respondent, or plaintiff in any civil action case? (Refers to any    |
| hearings or cases other than of a criminal nature, such as being sued.)                                    |
| 109Ever been more that 60 days late in paying any financial responsibility?                                |
| 110Ever failed to pay any child support, alimony, or divorce settlement payments?                          |
| 111Ever gotten into serious financial difficulties?  |
| PREVIOUS RESIDENCES:   |
| 112Ever been evicted from any place you have ever lived? (Includes failing to pay any rent, lease          |
| violation, or moving out "in the middle of the night" to avoid rent.)                                      |

| MISCELLANEOUS ISSUES:   |
|---|
| 113Ever been involved in a physical fight in the last three (3) years?  |
| 114Ever been a member of, or had any gang affiliations?   |
| 115Ever committed any animal control violation such as cruelty to, abandonment or death of any                  |
| domestic animal or been issued a citation or written warning for any other related animal violation that        |
| includes: loose animal, barking dog, animal license violation, animal registration, vaccination, spaying,       |
| neutering.  |
| 116Ever been investigated or sued for any Civil or Federal Rights violations?                                   |
| 117Ever been the subject of any voice stress analysis or polygraph examination?                                 |
| 118Ever changed your name or used another person's name for any reason?   |
| 119Do you currently have any prejudices against any specific group of people with whom, or for whom             |
| you feel you would not be able to comfortably work with or for?   |
| 120Ever violated a court order of any kind or been held in contempt of court for any reason?                    |
| 121Ever applied to any other law enforcement or corrections agencies? This includes any local, state, or        |
| federal agencies, including the Ruidoso Downs Police and Fire Department. (Apply means obtaining the initia     |
| application, filling it out and sending it back.) (List agencies, dates applied, and dispositions.)             |
| 122Ever committed any dishonest act in any police selection process to remain a candidate such as               |
| cheating, lying, having another person take a test for you, provide false documents etc.                        |
| 123Ever attended or participated in any cock or dog-fighting event?   |
| 124Ever failed any background investigation for any law enforcement position or agency?                         |
| 125Are you currently awaiting any court date(s) for any reason?   |
| 126Have you ever been placed in a pre-prosecution program by any court, judge or court official for any         |
| reason?   |
| 127Ever altered any serial number or ID marks for any reason?   |
| 128Ever smuggled, transported or concealed illegal aliens?  |
| 129Have you ever been a member of any radical organization such as the KKK, Aryan Brotherhood,                  |
| Skin Heads, Black Panthers, IRA, or any other organization that targets any ethnic, racial or religious groups? |
| 130Have you ever participated in any physical abuse or threatened any person(s) based solely on their           |
| perceived sexual orientation, or cultural differences?  |
| 131Is there anything else about your background that needs to be revealed or disclosed that may be              |
| relevant to your application?   |

| RESP        | ONSE TO QUESTIONS:                    |
|-------------|---------------------------------------|
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# **RESPONSE TO QUESTIONS:**

Now that you are through answering all of the above questions, take a minute and go through to MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS. NO SINGLE QUESTION MAY BE LEFT UNANSWERED. Once this is done, go through the questions again and make sure you have explained all the YES answers.

# **READ AND SIGN:**

I have read the above questions thoroughly and completely. I understand the above questions and have answered them truthfully. I agree to this statement of my own free will and have not been subject to any mental or physical force or coercion of any kind. I am aware that any falsification or omission of any true information made on this questionnaire may cause my name to be removed from the eligibility list, or be the cause of immediate dismissal if any employment has been made. I know and understand what I am doing.

I FULLY UNDERSTAND THE INFORMATION I HAVE PROVIDED WILL BE VERIFIED BY USE OF THE POLYGRAPH AND/OR VOICE STRESS ANALYZER AND AN EXTENSIVE BACKGROUND INVESTIGATION BY THE RUIDOSO DOWNS POLICE AND FIRE DEPARTMENT.

I AM AWARE THAT MY FINGERPRINTS WILL BE USED TO RUN A NATIONAL CRIMINAL BACKGROUND CHECK.

| Candidates Printed Name Date |      |  |  |  |  |
|------------------------------|------|--|--|--|--|
|                              |      |  |  |  |  |
|                              |      |  |  |  |  |
| Candidates Signature         |      |  |  |  |  |
|                              | 1000 |  |  |  |  |

# RUIDOSO DOWNS POLICE AND FIRE DEPARTMENT Personal History Statement Instructions

The attached "Personal History Statement" is an important document in the processing of your application for the position of Law Enforcement Officer, Law Enforcement Communications Operator, or other Public Safety Position with the Ruidoso Downs Police and Fire Department. If this form is not completed properly and legibly, your application for the position in which you are applying may not proceed any further. It is your responsibility to read and answer each question carefully, completely, and truthfully.

You must return the completed Personal History Statement and any other required documents in person within one week of the date it was given to you. If there is a problem in meeting this deadline you must contact the designated person on page three (3) to make other arrangements. If you reside out of town or out of state it is your responsibility to make the necessary arrangements to return these documents.

# **Important Note:**

Incomplete information in any area of this packet will result in halting the processing of your application and you will not continue in the selection process until the missing information is provided.

This is not an offer, contract, or condition of employment by the Ruidoso Downs Police and Fire Department and nothing contained herein constitutes any offer, contract, or condition of employment.

# Please Read Carefully:

Do not misstate or omit facts when completing your Personal History Statement, Personal Integrity Questionnaire, other documents, or during any interviews that may be conducted. Information and statements made on any documents are subject to and will be verified in determining your qualifications for employment.

This information must be filled out by YOU and no one else.

Print all answers in BLACK ink.

Print legibly.

If you need additional space to explain information, use a full-size white sheet of paper and leave a minimum margin of one inch at the top, bottom, and both sides. Be sure to list the question and/or item number to the left of each explanation when you are answering with this additional information.

Answer every question. If the information requested does not apply to you, print "N/A" in the blank space provided.

If you cannot remember, or do not know the requested information, print "I can't remember" or "I don't know" in the blank space provided. **DO NOT** use this as a crutch, make ALL attempts to gather and/or locate the requested information you are lacking including but not limited to; current phone numbers, addresses, and time frames.

**ALL** forms must be complete, signed, and if indicated, notarized. This is your responsibility to complete all information as requested.

You must also bring with you copies of the following documents when you return your Personal History Statement, Personal Integrity Questionnaire, and all other documents in this packet.

Birth Certificate Original or Certified Original Copy from the issuing state (hospital or religious birth records do apply)

High School Diploma or GED

College degree diploma and OFFICIAL COPIES of transcripts

DD-214 (pages 1 and 4) Military Only

Any training certificates which pertain to law enforcement

Disposition of any arrest(s)

**Drivers License** 

Social Security Card

Credit Report (No older than 30 days when PHS submitted)

Copy of Marriage License / Divorce Decree

Licensures, Business Licenses (past or present), State Tax Certificate and Number

If you have any problems, questions, delays in obtaining requested records, or are not sure what information you should list do not hesitate in contacting the below listed person.

Contact Name: **Donna Miller**, **Payroll/Personnel** 

Contact Number(s): (575) 378-4422 ext. 6 or (575) 973-0415

Best Contact Hours: Monday through Friday, 8 am to 5 pm

| I have read | d and understand the above instructions a   | nd will comply with all instructions herein. |
|-------------|---|--|
| -           | Signature   | Date   |
| used as a   | tion obtained during the background inve basis of questioning during the oral inten with the background investigator. |  |
| S           | Print Name  | Date   |
|             | Signature   |  |

# **Personal History Statement**

| Full Legal Name            | (Last)                                | (First)                 |                   | (Middle)           |
|----------------------------|---------------------------------------|-------------------------|-------------------|--------------------|
| Other Names You Have       | Been Known By or Use                  | id (Maiden, Aliases, I  | Nicknames)        |                    |
| ·                          | 4                                     |                         |                   | 2000               |
| Current Residence Addr     | ress (Number, Street, Ap              | ot.#,) City             | State             | Zip Code           |
| How long at current add    | ress? Do You-                         | Own, Rent, Other (ex    | olain other)      |                    |
| Mailing Address (if differ | ent than residential addre            | ess)                    |                   |                    |
| Phone Numbers (includir    | ng Area Code) for Resid               | ence, Cell, Work, Ot    | her               |                    |
| ·                          |                                       | /                       |                   |                    |
| E-Mail Address(s)          |                                       | Internet Scree          | n Name(s)         |                    |
|                            |                                       | 1                       |                   |                    |
| Date of Birth (Month, Da   |                                       | Place of Birth (        |                   |                    |
| Social Security Number(    | /<br>(SSN) <b>State in which is</b> : | J<br>sued if known Have | YES Now ever used | O<br>any other SSI |
|                            |                                       |                         |                   |                    |
| Current Drivers License    | Number, State, Expirat                | cion Date               |                   |                    |
|                            | u have held drivere lice              | enses                   |                   |                    |
| Other states in which yo   | u nave neju unvers ne                 | V11000                  |                   |                    |

# 12. Past Residences in Chronological Order (Present to Past) List each place of residence back to age 18

|  | (number, street, apt.#)   | City                      | State                                   | Zip Code      |
|--|---|---------------------------|---|---------------|
| Name of person   | lived with, relationship, and hi  | s/her address and         | phone number if ap                      | plicable      |
| 1  |   |                           |   |               |
| MO/YR to MO/YR   | (number, street, apt.#)   | City                      | State                                   | Zip Code      |
| Name of person liv   | red with, relationship, and h   | is/her address a          | and phone number                        | if applicable |
| /<br>MO/YR to MO/YR  | (number, street, apt.#)   | City                      | State                                   | Zip Code      |
|  | ,, , , , , , , , , , , , , , , , ,  | •                         |   | •             |
| Name of person liv   | ed with, relationship, and h  | is/her address a          | and phone number                        | if applicable |
|  | *****************   |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |
| //<br>MO/YR to MO/YR   | (number, street, apt.#)   | City                      | State                                   | Zip Code      |
|  |   | •                         |   |               |
| Name of person liv   | ed with, relationship, and h  | is/her address a          | nd phone number                         | if applicable |
| Name of person in  | od man roldmonompi ana.   |                           | -                                       |               |
| Name of person in  |   |                           |   |               |
|  |   | **********                |   | Zin Code      |
|  | (number, street, apt.#)   | City                      | State                                   | Zip Code      |
| / .<br>MO/YR to MO/YR  | (number, street, apt.#)   | City                      | State                                   | •             |
| / .<br>MO/YR to MO/YR  |   | City                      | State                                   | •             |
| / .<br>MO/YR to MO/YR<br>Name of person liv                            | (number, street, apt.#) ved with, relationship, and h                           | City<br>nis/her address a | State                                   | if applicable |
| / .<br>MO/YR to MO/YR<br>Name of person liv                            | (number, street, apt.#)   | City                      | State                                   | •             |
| /<br>MO/YR to MO/YR<br>Name of person liv<br>/<br>MO/YR to MO/YR       | (number, street, apt.#)  ved with, relationship, and h  (number, street, apt.#) | City<br>sis/her address a | State<br>and phone number<br>State      | if applicable |
| /<br>MO/YR to MO/YR<br>Name of person liv<br>/<br>MO/YR to MO/YR       | (number, street, apt.#) ved with, relationship, and h                           | City<br>sis/her address a | State<br>and phone number<br>State      | if applicable |
| /<br>MO/YR to MO/YR<br>Name of person liv<br>/<br>MO/YR to MO/YR       | (number, street, apt.#)  ved with, relationship, and h  (number, street, apt.#) | City<br>sis/her address a | State<br>and phone number<br>State      | if applicable |
| MO/YR to MO/YR  Name of person liv  MO/YR to MO/YR  Name of person liv | (number, street, apt.#)  ved with, relationship, and h  (number, street, apt.#) | City<br>sis/her address a | State<br>and phone number<br>State      | if applicable |

# 13. Past Employment in Chronological Order (Present to Past) List each place of employment back to age 18

| MO/YR to MO/YR                                 | Employer Name                  |                      | Employer Phor        | ne#      |
|--|--------------------------------|----------------------|----------------------|----------|
| Employers Address                              | (number, street)               | City                 | State                | Zip Code |
| Position Held                                  |                                | Description o        |                      |          |
| Immediate Superviso                            | or & Current Phone #           | Co-Worke             | er & Current Phone # |          |
| Reason for Leaving                             |                                |                      |                      |          |
|  |                                |                      |                      |          |
| MO/YR to MO/YR                                 | Employer Name                  |                      | Employer Phor        | ne #     |
| Employers Address                              | (number, street)               | City                 | State                | Zip Code |
| Position Held                                  |                                | Description o        |                      |          |
| Immediate Superviso                            | or & Current Phone #           | Co-Worke             | er & Current Phone # |          |
| Reason for Leaving                             |                                |                      |                      |          |
|  |                                |                      |                      |          |
| MO/YR to MO/YR                                 | Employer Name                  |                      | Employer Phor        | ne #     |
| Fundament Address                              |                                | City                 | State                | Zip Code |
| Employers Address                              | (number, street)               |                      |                      | Zip Code |
| Position Held                                  |                                | Description of       | of Duties            |          |
| Immediate Superviso                            | or & Current Phone #           | Co-Worke             | er & Current Phone # |          |
| Reason for Leaving                             |                                |                      |                      |          |
|  |                                |                      |                      |          |
|  |                                |                      |                      |          |
| 1  |                                |                      |                      | *******  |
| /<br>MO/YR to MO/YR                            | Employer Name                  |                      | Employer Phor        | ne #     |
|  | Employer Name (number, street) | City                 | Employer Phor        |          |
| MO/YR to MO/YR Employers Address Position Held |                                |                      | State                |          |
| Employers Address Position Held                |                                | City  Description of | State                |          |
| Employers Address Position Held                | (number, street)               | City  Description of | State of Duties      | e#       |

| MO/YR to MO/YR  | Employer Name  |                      | Employer Pho  | ne#      |
|---|--|----------------------|---|----------|
| Employers Address   | (number, street)                                       | City                 | State   | Zip Code |
| Position Held   |  | 1                    | n of Duties   |          |
| mmediate Superviso  | or & Current Phone #                                   | Co-Wor               | ker & Current Phone #                                   |          |
| Reason for Leaving  | 8  |                      |   | -        |
|   |  |                      |   |          |
| /   | Employer Name  |                      | Franksia Dha  |          |
| MO/YR to MO/YR  | Employer Name  |                      | Employer Pho  | ne #     |
| Employers Address   | (number, street)                                       | City                 | State   | Zip Code |
| Position Held   |  | Description          | n of Dutles   |          |
| mmadiate Sunervier  | or & Current Phone #                                   | /_<br>Co-Wor         | ker & Current Phone #                                   |          |
| minediate Oupervise   |  |                      |   |          |
|   | 7.   |                      | S. Section 1  |          |
|   |  | ******               |   |          |
| Reason for Leaving  |  |                      |   |          |
| Reason for Leaving  | Employer Name  |                      | Employer Pho  | ne#      |
| Reason for Leaving / MO/YR to MO/YR   |  | City                 | Employer Pho  |          |
| Reason for Leaving  / MO/YR to MO/YR  Employers Address  Position Held  |  | City                 | State   | ne#      |
| / MO/YR to MO/YR Employers Address  |  | Description          | State   |          |
| / MO/YR to MO/YR Employers Address  | (number, street)                                       | Description          | State<br>n of Duties                                    |          |
| / / MO/YR to MO/YR Employers Address Position Held mmediate Superviso   | (number, street)                                       | Description          | State<br>n of Duties                                    |          |
| / MO/YR to MO/YR Employers Address Position Held mmediate Superviso   | (number, street)                                       | Description          | State<br>n of Duties                                    |          |
| Reason for Leaving  / MO/YR to MO/YR  Employers Address  Position Held  mmediate Supervisor  Reason for Leaving | (number, street)                                       | Description          | State<br>n of Duties                                    | Zip Code |
| / MO/YR to MO/YR Employers Address Position Held Emmediate Supervisor Reason for Leaving                        | (number, street) / or & Current Phone #                | Description          | State n of Duties rker & Current Phone #                | Zip Code |
| / MO/YR to MO/YR Employers Address Position Held mmediate Supervisor  | (number, street) / or & Current Phone #  Employer Name | Description / Co-Wor | State n of Duties ker & Current Phone #  Employer Phone | Zip Code |

# 14. Educational History

<u>High Schools Attended</u> (If you received a G.E.D. list High Schools attended prior to G.E.D. program)

| 1                   |            |                    |                                  |
|---------------------|------------|--------------------|----------------------------------|
| MO/YR to MO/YR      | -114       | School Name        | Grade Completed                  |
| City                | State      |                    |                                  |
| /<br>MO/YR to MO/YR |            | School Name        | /<br>Grade Completed             |
|                     |            | 33.133.114         |                                  |
| City                | State      |                    |                                  |
| MO/YR to MO/YR      |            | School Name        | /<br>Grade Completed             |
| City                | State      |                    |                                  |
| If you Received a C |            |                    |                                  |
| MO/YR to MO/YR      |            | Agency/School Name | //<br>Date Completed             |
| City                | State      |                    |                                  |
| College or Univers  | ity Studie | <u>es</u>          |                                  |
| /<br>MO/YR to MO/YR |            |                    |                                  |
| MO/YR to MO/YR      |            | School Name        | # Credit Hours Completed         |
| City                | State      | /_<br>Major        | / YES/NO Degree Received         |
| 1                   |            |                    | /# Credit Hours Completed        |
| MO/YR to MO/YR      |            | School Name        | # Credit Hours Completed         |
| City                | State      | /_<br>Major        | / YES/NO Degree Received         |
| 1                   |            |                    |                                  |
| MO/YR to MO/YR      |            | School Name        | # Credit Hours Completed         |
| City                | State      | /<br>Major         | // <u>YES/NO</u> Degree Received |
| Oity                | Jiaio      |                    | 0                                |

# Other Schools (Vocational, trade, other submit certificates)

|        | /                                       |               |                        |  |
|--------|---|---------------|------------------------|--|
|        | MO/YR to MO/YR                          | S             | chool Name             |  |
|        |   |               |                        | /YES/NO  |
|        | City                                    | State         | Subject                | Certificate Received   |
|        | /<br>MO/YR to MO/YR                     | S             | chool Name             |  |
|        |   |               | 1                      | / YES/NO   |
|        | City                                    | State         | Subject                | Certificate Receive  |
|        | MO/YR to MO/YR                          | S             | chool Name             |  |
|        |   |               |                        | / YES/NO   |
|        | City                                    | State         | Subject                | Certificate Received   |
| Othe   | r School/Educatio                       | on Informatio | on                     |  |
| to inc | clude, but not limite of actions.       | d to, dismiss | al, suspension, schola | e of Educational Institution;<br>estic probation, or any other |
|        | Action(s) and Re                        | ason:         |                        |  |
|        | , |               |                        |  |
|        |   |               |                        |  |
|        | -                                       |               |                        |  |
|        | -                                       |               |                        |  |
| ,      |   |               |                        |  |
|        |   |               |                        |  |
|        |   |               |                        |  |
|        |   |               |                        |  |
|        |   |               |                        |  |
|        |   |               |                        |  |

# Military History (if applicable)

|      | YES NO                                    | (if no, go to qu    | estion #   | <b>#20)</b>   |
|------|---|---------------------|------------|---|
|      |   |                     |            |   |
|      | MO/YR to MO/YR                            | Branch              | Unit       | (Medical Corps, Engineers, Infantry, etc.   |
|      | Serial Number                             | / Discharge Date    | /          | Type of Discharge   |
|      | /   |                     | 11.44      | (St. II. al Comp. Family and Information at   |
|      | MO/YR to MO/YR                            | Branch              | Unit       | (Medical Corps, Engineers, Infantry, etc  |
|      | Serial Number                             | Discharge Date      | /          | Type of Discharge   |
|      | /<br>MO/YR to MO/YR                       | Branch              | Unit       | (Medical Corps, Engineers, Infantry, etc.   |
|      | Serial Number                             | /<br>Discharge Date | /          | Type of Discharge   |
|      |   | Branch              |            |   |
|      | MO/YR to MO/YR                            | Branch              | Unit       | (Medical Corps, Engineers, Infantry, etc.   |
|      | Serial Number                             | /<br>Discharge Date | /          | Type of Discharge   |
| ourt | ; Captains Mast, Co<br>cipline?<br>YES NO | ompany Punishmer    | it, Articl | been the subject of a Summary e 15, or any other types of char charge other than HONORABLE) |
|      |   |                     | -          |   |
|      |   |                     |            |   |
|      |   |                     |            |   |

| 18. Are you currently a member of the Active Reserves or National Guard?   |   |
|--|---|
| YES NO   |   |
| Branch Unit (Medical Corps, Engineers, Infantry, etc.) City State  |   |
| C.O. Name  Current Phone # Immediate Superior Name  Current Phone  | # |
| 19. Are you registered for the Selective Service? YES NO   |   |
| Selective Service Number City State  |   |
| Financial History  |   |
| 20. What types of payments do you currently make? (Check all those that apply)   |   |
| <ul> <li>Home Mortgage</li> <li>Rent</li> <li>Home Improvement</li> <li>Auto Loans</li> <li>Finance Co. Loans</li> <li>Charge Accounts (stores)</li> <li>Credit Cards</li> <li>Other, Specify</li> </ul> <ul> <li>Bank Loans</li> <li>Owe Money to Family, Friends</li> <li>Court Judgments</li> <li>Child Support</li> <li>Alimony</li> </ul> |   |
| 21. What are your total monthly payment obligations? (including utilities) \$  | _ |
| 22. Are there any creditors pressing you for payments? YES NO  |   |
| If Yes, list creditor names and reasons why:   |   |
|  | _ |
| 23. Have any of your accounts (past and present) ever been placed in the hands of a collection agency or charged off?  YES NO  |   |
| If Yes, list creditor names and reasons why:   | - |
|  | = |

|     | Institution Name                        | City                                  | State                         | Phone Number                       | Account Number                    |
|-----|---|---------------------------------------|-------------------------------|------------------------------------|-----------------------------------|
|     | Institution Name                        | City                                  | State                         | Phone Number                       | Account Number                    |
|     | Institution Name                        | City                                  | State                         | Phone Number                       | Account Number                    |
| 25. | ·                                       | is time?<br>ution names and           | YES<br>I reasons why          | ny insufficient fund<br>NO         |                                   |
| 26. | Of any of the above standing at any tim | e? YES_                               | NO                            | ere any accounts th                |                                   |
|     |   |                                       |                               |                                    |                                   |
| 27. | . Have you ever bee                     | n sued in any<br>ustice of the F      | court for an<br>eace, Sma     | l Claims Court, etc                | ncial reason to incl<br>.? YES NO |
|     | If Yes, list plain                      | tiff's names, city                    | and state of a                | action, your attorney ar           | nd contact information,           |
|     | If Yes, list plain                      | tiff's names, city<br>was resolved or | and state of a court action t | action, your attorney ar<br>aken.: | nd contact information,           |
|     | If Yes, list plain                      | tiff's names, city<br>was resolved or | and state of a court action t | action, your attorney ar           | nd contact information,           |
|     | If Yes, list plain                      | tiff's names, city<br>was resolved or | and state of a court action t | action, your attorney ar           | nd contact information,           |
|     | If Yes, list plain                      | tiff's names, city<br>was resolved or | and state of a                | action, your attorney ar           | nd contact information,           |

|     | Has y |         | NO                                 |                 |                |           |            |         |           |
|-----|-------|---------|------------------------------------|-----------------|----------------|-----------|------------|---------|-----------|
|     |       | If Yes, |                                    |                 | s why:         |           |            | 02.     |           |
| 29. | Have  |         | ver declared<br>list date(s), type |                 |                |           |            |         |           |
| 30. | How   | would   | you describe                       | your credit     | rating? Ex     | xcellent_ | Good       | Fair    | Poor      |
| 31. | Are y | If Yes, | owner, part o<br>give name(s) a    | nd full details | of business(s) |           |            |         |           |
|     |       |         | we <u></u>                         |                 |                |           |            |         |           |
|     |       |         |                                    |                 |                |           |            |         |           |
|     |       |         | al / Civil His                     |                 |                | Wito.     |            |         |           |
|     |       | you e   | ver been issu                      | ed a traffic    | citation for a | a movin   | g or non-m | oving v |           |
|     |       | you e   | ver been issu                      | ed a traffic    | citation for a | a movin   | g or non-m | oving v | iolation? |
|     |       | you e   | ver been issu                      | ed a traffic    | citation for a | a movin   | g or non-m | oving v | iolation? |
|     |       | you e   | ver been issu                      | ed a traffic    | citation for a | a movin   | g or non-m | oving v | iolation? |

| 33. Have citatio |               | ver been arre                 | sted, taker             | n into custody, or b                         | een issued a     | a misdemeanor   |
|------------------|---------------|-------------------------------|-------------------------|--|------------------|---|
|                  | YES_          | NO                            | (If Yes, li<br>juvenile | ist all arrests and misd<br>arrests)         | lemeanor citatio | ons below including   |
|                  | Date          | Violation/Actua               | al Charge               | Police Agency                                | City/State       | Disposition/Sentence  |
|                  |               |                               |                         |  |                  |   |
|                  |               |                               |                         | <del></del>                                  |                  |   |
|                  | (———          |                               |                         |  |                  |   |
|                  | ( <del></del> |                               |                         |  |                  |   |
|                  | 5             |                               |                         |  |                  |   |
|                  |               | ver a plaintiff,<br>nkruptcy? | defendan                | t, petitioner, or res                        | pondent in a     | ny civil proceedings  |
|                  | YES_          | NO                            | summoi                  |  | ΓE: if you were/ | a party or<br>are a police officer do<br>related to the course of |
|                  | Date          | Action or Proce               | eeding                  | List as; Plaintiff, I<br>Petitioner, Respond |                  | Court Disposition   |
|                  | ·             |                               |                         |  |                  |   |
|                  | e <u></u>     |                               |                         |  |                  |   |
|                  |               |                               |                         |  |                  |   |
|                  | -             |                               |                         |  |                  |   |

| 35. | Do y   | ou posse  | ss a curren                | t driver | s license?          |                             |                       |
|-----|--------|-----------|----------------------------|----------|---------------------|-----------------------------|-----------------------|
|     |        | YES       | NO                         | (If Ye   | es, list all inform | ation below)                |                       |
|     |        | DL Num    | ber State                  |          | Type of Licens      | se (regular, chauffer, Comm | nercial, etc.) Status |
|     |        | DL Numl   | ber State                  | -11      | Type of Licens      | se (regular, chauffer, Comm | ercial, etc.) Status  |
|     |        | DL Numi   | ber State                  |          | Type of Licen       | se (regular, chauffer, Comm | nercial, etc.) Status |
| 36. | List k | pelow all | vehicles wh                | nich you | ı are the prin      | nary or secondary drive     | r:                    |
|     |        | Make      | Model                      | Year     | License #           | Insurance Company           | Current Yes/No        |
|     |        | Make      | Model                      | Year     | License #           | Insurance Company           | Current Yes/No        |
|     |        | Make      | Model                      | Year     | License #           | Insurance Company           | Current Yes/No        |
|     |        |           | r been refu<br>e cancelled |          | nicle insurand      | ce, determined not to b     | e insurable, or       |
|     |        | YES       | NO                         | (If Ye   | es, list date, rea  | son why, insurance compar   | ny name, location)    |
|     |        | 0.        |                            |          |                     | 1                           |                       |
|     |        |           |                            | ****     |                     |                             |                       |
|     |        | -         | ·                          | 2        |                     |                             |                       |
|     |        |           | currently ha<br>) why not: | ve liabi | lity insurance      | on a vehicle that you       | own or co-own         |
|     |        |           |                            |          |                     |                             |                       |

| as a driver   | Total Number Accident  | ts                               |                          |
|---------------|--|----------------------------------|--------------------------|
| Date          |  | Whose Fault                      | Seriousness              |
|               |  |                                  |                          |
| -             | 100  | E:                               |                          |
| -             |  |                                  |                          |
|               | Irivers license ever been                                      | suspended or revoked for         |                          |
| no insuran    |  |                                  |                          |
| YES           | NO (If Yes, Iii  | st date, reason(s) why, insuranc | ce company name, locatio |
| <del>!!</del> | -  |                                  |                          |
| ******        |  |                                  |                          |
|               |  |                                  | <del></del>              |
|               |  |                                  | 38                       |
| <del></del>   |  |                                  |                          |
| Personal Refe | erences and Associates   |                                  |                          |
|               | mes of individuals (included and included are this department: | ling any family) that curren     | tly work for, or who     |
| Namo          | e MO/YR to   | MO/YR Relationsl                 | hip Phone#               |
|               |  |                                  |                          |
|               |  |                                  |                          |
|               |  |                                  |                          |

# 42. List <u>five</u> (5) personal references below: (<u>Do Not</u> list a relative as a personal reference)

| Full Name           |   | Home Phone #                            | Cell/O     | ther Phone # |
|---------------------|---|---|------------|--------------|
| Residence Address   | (number, street)                        | City                                    | State      | Zip Code     |
| # Years Known       | How Known                               | 0,0000000000000000000000000000000000000 | /          | Relationship |
| Full Name           | *************************************** | Home Phone #                            | Cell/O     | ther Phone # |
| Residence Address   | (number, street)                        | City                                    | State      | Zip Code     |
| # Years Known       | How Known                               |   | 1          | Relationship |
|                     |   |   |            |              |
| Full Name           |   | Home Phone #                            | Cell/O     | ther Phone # |
| Residence Address   | (number, street)                        | City                                    | State      | Zip Code     |
| //<br># Years Known | How Known                               |   | - 1        | Relationship |
| ************        |   |   |            |              |
| Full Name           |   | Home Phone #                            | Cell/O     | ther Phone # |
| Residence Address   | (number, street)                        | City                                    | State      | Zip Code     |
| # Years Known       | How Known                               | 711                                     | 1          | Relationship |
| ******              | *******                                 |   | ********** | ***********  |
| Full Name           |   | Home Phone #                            | Cell/O     | ther Phone # |
| Residence Address   |   | City                                    | State      | Zip Code     |
| # Years Known       | How Known                               |   |            | Relationship |

| 43.         | that now (  | or in the p | current or past, of any party or organ<br>ast) advocates the overthrow of the g<br>e of New Mexico by force or violence | government of the United   |
|-------------|-------------|-------------|---|--|
|             | YES         | NO          | (If Yes, attach a separate sheet with an ex   | planation)   |
| 44.         |             |             | inated/fired, given the option of resig<br>minated/fired from any employment,   |  |
|             | YES         | NO          | (If Yes, attach a separate sheet with an ex organization name, current phone number                                     |  |
| 45.         | other organ | nization in | ect to disciplinary action in connection<br>cluding but not limited to; supervisory<br>s, suspensions, etc.?            | n with any employment or<br>/ counseling, verbal or written            |
|             | YES         | NO          | (If Yes, attach a separate sheet with an ex organization name, current phone numbe why)                                 |  |
| 46.         |             |             | ubject of an internal or administrative her during the investigation?   | e investigation including as a   |
|             | YES         | NO          | (If Yes, attach a separate sheet with an ex organization name, current phone numbe why you were involved)               | planation including employer or<br>er, and the action(s) and reason(s) |
| 47.         | Have you    | ever been   | fingerprinted? YES NO   |  |
|             | When        |             | Where   | Purpose  |
|             | When        |             | Where   | Purpose  |
|             | When        |             | Where   | Purpose  |
| 48.         |             |             | der investigation (administrative or c<br>for any reason at this time?  | riminal) or charged with any   |
|             | YES         | NO          | (If Yes, attach a separate sheet with a full reason(s), name and location of organizat contact phone number)            |  |
| <b>4</b> 9. |             |             | hing else that would or may disquali<br>ou from the full discharge of your du   |  |
|             | YES         | NO          | (If Yes, attach a separate sheet with a full  | explanation of the reason(s) why)                                      |

| On a separate sheet of paper in 100 words comment or explain why you feel you are question for this organization. |     |
|---|-----|
|   | 18) |

I have reviewed this completed personal history statement and I believe it to be true and correct to the best of my knowledge and recollection.

I understand that **KNOWINGLY** withholding information, making false statements, or the failure to disclose information vital to this background investigation and the position I am applying for will be a basis for rejection of my application, the termination of my background investigation, or the termination of my employment with this organization.

I understand that after I have turned in this Personal History Statement to the organization I MUST inform the background investigator or his/her superior IMMEDIATELY, or within ten (10) days of any changes or updates of information contained in this statement or the Personal Integrity Questionnaire. Any change or updated information MUST be made both orally and in writing at any time during the selection process or after, if any, conditional or other offer of employment is made. Failure to do so could be the basis for rejection of my application, the termination of my background investigation, or the termination of my employment with this organization.

This form **MUST** be signed in the presence of a notary

| Printed Name of Applicant              |               |
|--|---------------|
| Signature of Applicant                 | Date          |
|  |               |
| Subscribed and sworn to before me this | day of20      |
| NOTARY SEAL                            |               |
| My commiss                             | ion Expires20 |

# City of Ruidoso Downs

# **Community Service Officer**

Reports To: Police Chief

<u>Definition:</u> Under general supervision, manages animal control issues for the City of Ruidoso Downs. Non-Exempt FLSA.

<u>Essential Functions</u>: Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills, and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and is not a comprehensive listing of all functions and tasks performed by positions in this class.

### Tasks:

### **Animal Control:**

- Patrols City; observes for unlicensed animals and apprehends the same; utilizes specialized
  equipment such as "catch-all poles", picks up strays and delivers to shelter compound; removes
  dead or injured animals from City streets; investigates animal abuse or cruelty complaints; issues
  citations for violation of various ordinances; gives testimony in court as required.
- Investigates citizen complaints concerning ordinance violations through field investigations; investigates complaints related to public treatment of animals; takes corrective action as needed; initiates sanctions and related legal options for the enforcement of City ordinances.
- Maintains and monitors all records as needed to document impounding of animals and collection
  of fees, fines, etc.; assures proper reimbursement for services, time and materials; prepares annual
  report describing animal control operations.
- Prepares recommendations for animal control ordinances; reviews existing legal guidelines for animal control and implements changes as required.
- Delivers public education programs as needed to inform public of local ordinances and problems; attends meetings at local schools to educate children regarding animal control ordinances.
- Issues animal licenses; cites owners of loose/unlicensed dogs if known; participates in dog licensing clinics; keeps records and files of redemption, licenses, etc.
- Responds to citizen complaints; answers questions and inquiries via phone and radio.

### Code Enforcement:

- Receives daily complaints from citizens regarding alleged violations of City ordinances, codes, and regulations; determines nature of allegation and apprises callers of possible investigation schedule.
- Advices property owners, builders, contractors, architects, or developers as needed to apprise
  appropriate parties of concerns and potential violations' searches tax records; obtains facts
  necessary to determine proper course of actions; coordinates and monitors solutions.
- Conducts field investigations and property inspections to determine extent of violations; checks for "clear view" on corner lots, verifies business licenses, monitors sign compliance, monitors

compliance with animal ordinances, monitors property use for zoning compliance; cooperates with New Mexico Environment Department in monitoring health and safety practices of business operations; prepares various investigative reports; initiates legal proceedings where appropriate and coordinates the same with city legal staff; could administer preliminary sanctions as allowed by ordinance or code.

- Coordinates code enforcement activities with other City departments as necessary; works closely with Planning Department regarding interpretations and enforcement of codes.
- Conducts regular review of codes, ordinances and regulations; receives legal interpretations as needed to direct enforcement of compliance; makes recommendations related to practical application of codes and ordinances; assists in adapting, modifying or rewriting codes as needed.
- Prepares and provides written and oral reports to City Council, boards, committees, and public
  interest groups as required to explain code enforcement activities and program needs, gives
  testimony in a court of law as an expert witness.
- Provides training and supervision to clerical staff assisting in the administration of code enforcement and related work matters.

Performs other related duties as needed or assigned.

# **Working Conditions:**

Be available for court appearances arising out of citations issued pursuant to the Animal Control Act.

Must be willing to work evenings, weekends, be on-call, or as otherwise directed.

Possess ability to adapt to inclement weather conditions and/or situations.

Ability to drive for long periods of time.

Noise level could be moderate to loud in work environment.

# Knowledge, Skills, and Other Characteristics:

Knowledge of the City of Ruidoso Downs and its street systems.

Knowledge of law enforcement principles, procedures, techniques and equipment.

Knowledge of applicable Federal, State, County, and City laws and ordinances and departmental rules and regulations.

Knowledge of accepted animal control methods practices and procedures related to apprehension, containment, euthanasia and related functions.

Knowledge of animal handling methods.

Knowledge of liability issues which arise out of investigative procedures.

Knowledge of City and State codes and ordinances related to multiple aspects of public works, property rights, boundaries, subdividing and zoning, signing, etc.

Knowledge of legal system and securing sanctions for violations.

Knowledge of various investigative techniques.

Knowledge of hazardous waste classifications and emergency procedures related to control, containment and confinement.

Knowledge of principles of law enforcement administration.

Knowledge of courtroom procedures and laws of evidence.

Skill in the use of specialized animal control equipment.

Skill in effective interpersonal communications.

Skills in handling a variety of species of animals.

Skill in working with the public in sometimes adversarial contact.

Proficient in the use of computers and Microsoft Office applications.

Ability to understand and carry out instructions and procedures with limited supervision.

Ability to direct traffic as needed.

Ability to react effectively in emergency and stress situations.

Ability to exhibit imagination, initiative and problem solving capability in coping with a variety of law enforcement situations.

Ability to enforce regulations with firmness, tact, and impartiality.

Ability to follow safety practices and procedures common to law enforcement work.

Ability to teach and communicate effectively, verbally and in writing.

Ability to establish and maintain effective working relationships with employees, other agencies and the public.

Ability to work independently and cooperatively.

Ability to work in stressful environment.

Ability to make fair and concise decisions.

Must be able to pass regular criminal history checks.

# **Physical Demands**

Ability to maintain physical condition and stamina appropriate to the performance of assigned duties and responsibilities.

While performing the duties of this job, the employee is regularly required to use hands and fingers, handle, or feel; reach with hands and arms; and talk and hear.

The employee is routinely required to run, walk, stand, sit, climb or balance, stoop, kneel, crouch, crawl and smell.

Frequently push, pull, lift and/or move up to 50 pounds and occasionally push, pull, lift and/or move up to 100 pounds.

Physical readiness is essential to effective job performance.

Various levels of mental application required i.e., memory of details, emotional stability, discriminating thinking, creative problem solving.

# Work Environment

Functions of the position generally performed in a controlled environment, but subject to all seasonal and weather extremes. Constant travel. Many functions of the work pose high degree of hazard uncertainty.

## **Travel Requirements**

Out of City travel to meetings, trainings classes, certifications, seminars, workshops. Overnight travel as required.

Other Qualifications: High school education or equivalent AND one (1) year of specialized training provided through formal academic courses, professional workshops of New Mexico Police Academy certifications preferred; OR an equivalent combination of education and experience. Animal Control background preferred. Must maintain valid New Mexico Driver's License and have New Mexico Animal Control Certification or obtain within one (1) year of employment. Preference may be given for certification through the National Animal Control Association and New Mexico Humane society or NACA in the use and application of various animal control equipment.

### **Employee Declaration**

| viewed and understand the job functions of this position and state that I can perform these without accommodations:  YesNo |  |
|--|--|
| l for you to   |  |
|  |  |
|  |  |

Note: Employees must sign the job description on the front page, the last page and initial all pages in-between.