

Police Department Preliminary Application For Employment



Town of Taos
400 Camino de la Placita
Taos, New Mexico 87571

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status or any other protected class, or the presence of a medical condition or disability (unless there exists a required bona fide occupational qualification for a position).

Vacancy Announcement # or Job Title: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- Read** the following information before completing this Preliminary Application.
- Read** all the instructions and questions before completing any section of this Preliminary Application.
- The information provided by you on this Preliminary Application will be used to determine your qualifications for employment.
- Questions that do not apply to you, mark N/A (not applicable).
- Type or print in **black ink** only.

OMISSIONS, MISSTATEMENTS OR FALSIFICATIONS

- All questions must be answered as thoroughly as possible.
- Incomplete information will cause delays in processing your application and in receiving a date to take the written exam.
- All statements made by you in the Preliminary Application and Application for Competitive Examination will be verified with a polygraph examination and background investigation.
- Any omissions, misstatements or falsifications will be cause for rejection of this preliminary application, elimination from further competition, removal of your name from the eligibility list or discharge from employment.**

COMPLETED APPLICATIONS

Completed Preliminary Applications must be either mailed or hand delivered to the following address. Out-of-state Preliminary Applications also must be sent to the following address:

**Town of Taos
Attn: Human Resources Department
400 Camino de la Placita
Taos, NM 87571**

Once your Preliminary Application has been received, the Human Resources Department and the Taos Police Department will review it. The Taos Police Department will make a determination based on the information that is in the Preliminary Application and determine if you meet the minimum qualifications for the position before the written exam will be scheduled. You will be contacted either by mail or by telephone concerning when and where you are to report to take the written exam. (Physical fitness standards are attached to this application).

TESTING PROCEDURES

You will be required to present a picture identification of yourself when you arrive to take the written exam. This exam will take 2 to 3 hours to complete. After the written exam is completed, the Town of Taos Police Department will grade your test. If you pass the written exam with a minimum score of 70%, you will be given an Application for Competitive Examination. **If you fail any portion of the written exam, or if you fail to show up at the scheduled date and time for the exam, you must contact the Taos Police Department to reschedule for another exam.**

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Physical Address _____
City State Zip Code

Mailing Address _____
City State Zip Code

Email Address _____

Telephone: Home _____ Other: _____

MINIMUM QUALIFICATIONS

Minimum qualifications are outlined in the job vacancy listing that can be found in the Town of Taos Human Resources Department. You will be required to answer each question below. Remember that you need to be honest in answering all questions.

NOTE: Marking yes or no to any of the following questions will not necessarily disqualify you from the application process.

1. Are you at least 21 years of age? (Applicants can be 20 years of age as long as they turn 21 before the graduation date of the academy) Yes No Initials _____

2. Do you possess a high school diploma or GED? Yes No Initials _____

3. Proof of United States citizenship is required for employment as a Police Officer under NM Statute 29-7-6. Can you submit verification of United States Citizenship? Yes No Initials _____

4. Do you have a valid New Mexico Drivers License? Yes No Initials _____

5. Have you ever served in the armed forces of the United States? Yes No Initials _____
If yes, what branch? _____
Type of discharge or separation: _____

6. Are you willing to attend a 20 week Basic Police Academy in Santa Fe, NM? Yes No Initials _____

7. Are you willing to work all different shifts, overtime and holidays? Yes No Initials _____

8. Are you willing to qualify with and carry a firearm? Yes No Initials _____

9. Are you willing to defend yourself and others in dangerous situations? Yes No Initials _____

10. Are you willing to use physical or deadly force if necessary? Yes No Initials _____

11. Are you willing to investigate traffic accidents in all weather conditions and different times of the day? Yes No Initials _____

12. Are you willing to search a dark building to find a suspect? Yes No Initials _____

13. Are you willing to investigate crimes or crime scenes that may involve human death? Yes No Initials _____

14. Are you willing to conduct interviews of victims or suspects of crimes? Yes No Initials _____

15. Are you willing to arrest violators of the law that may be violent? Yes No Initials _____

Education

High School Graduate / GED Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate grade completed. _____			
<input type="checkbox"/> Vocational / Technical: _____		Hours Completed: _____	
<input type="checkbox"/> School - Major Field: _____			
<input type="checkbox"/> Business College: _____		Hours Completed: _____	
<input type="checkbox"/> Major Field: _____			
<input type="checkbox"/> College or University Name: _____			
Undergraduate		Graduate	
School(s): _____		School(s): _____	
Major Field(s) _____		Major Field(s) _____	
Hours Completed: _____		Hours Completed: _____	
Degree(s) Received: _____ (Copies of diploma and/or transcripts may be requested upon offer of employment)			
1. License/Certificate Issued by: _____			
Field / Trade / Specialization: _____	Lic. / Cert. Number: _____	Issue Date: _____	Exp. Date: _____
2. License/Certificate Issued by: _____			
Field / Trade / Specialization: _____	Lic. / Cert. Number: _____	Issue Date: _____	Exp. Date: _____

State any additional information you feel may be helpful to us in considering your application.

The Town of Taos is a designated drug-free and violence-free workplace. Are you willing to submit to a full background check, drug screening and alcohol screening? Yes No

If no, please explain: _____

Professional References (Not Relatives)

Name	Address	Phone

Experience

May inquiry be made of your current and past employers regarding your character, qualifications and record of employment?

Yes No If no, please indicate to which employers it applies and why:

Note: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience. Verification of volunteer duty will be required.

1	Employer's Name or Organization Volunteered With	Type of Business			From (Mo./Yr.)	To (Mo./Yr.)	
	Employer's Address	City	State	Zip	Your Job Title		
	Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per Week	START Mo. Pay	LAST Mo. Pay	
	If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.			
	Duties:						
	Reason for Leaving:						
						Do Not Write In This Area	
						Years	Months

2	Employer's Name or Organization Volunteered With	Type of Business			From (Mo./Yr.)	To (Mo./Yr.)	
	Employer's Address	City	State	Zip	Your Job Title		
	Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per Week	START Mo. Pay	LAST Mo. Pay	
	If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.			
	Duties:						
	Reason for Leaving:						
						Do Not Write In This Area	
						Years	Months

3	Employer's Name or Organization Volunteered With	Type of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address	City	State	Zip	Your Job Title
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	START Mo. Pay LAST Mo. Pay
If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.		
Duties:					
Reason for Leaving:					
					Do Not Write In This Area
					Years Months

4	Employer's Name or Organization Volunteered With	Type of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address	City	State	Zip	Your Job Title
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	START Mo. Pay LAST Mo. Pay
If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.		
Duties:					
Reason for Leaving:					
					Do Not Write In This Area
					Years Months

Additional Experience. Note: For additional experience blocks, please use continuation sheet.

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I give the Town of Taos the right to investigate all references and to secure additional information about me and my prior work history as indicated herein. I hereby release from liability the Town of Taos, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection pursuant to law.

Signature of Applicant

Date

THANK YOU FOR TAKING INTEREST IN THE TOWN OF TAOS

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. **It will be detached and kept separate and confidential.** It will not be used in any way to make employment decisions.

Position: _____

Date: _____

Gender:

Male Female

Is your age 40 or over?

Yes No

Are you a person with a disability?

Yes No

Will you require accommodations for testing and/or employment?

Yes No

Ethnic Category:

White Black Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

Indicate specific source from which you learned about the position:

- Newspaper (specify): _____
- Job Fair (specify): _____
- Organization (specify): _____
- Employee Referral (specify): _____
- Website (specify): _____
- Town of Taos Human Resources Department
- New Mexico Department of Labor
- Other (specify): _____