

# THE LOVINGTON POLICE DEPARTMENT EMPLOYMENT APPLICATION

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

Received By: \_\_\_\_\_

Page 1 of 14

It is the policy of the City of Lovington, New Mexico to provide equality of opportunity in employment, pay, and all other aspects of our personnel policies, practices, and programs. This policy prohibits discrimination on the basis of race, creed, color, ancestry, national origin, political affiliation, sex, sexual preference, age, or physical or mental disability.

**PLEASE COMPLETE ALL APPLICABLE ITEMS WITH INK OR TYPEWRITER. ANY ILLEGIBLE SECTIONS, INCOMPLETE SECTIONS & ATTACHMENTS, OR UNSIGNED APPLICATIONS WILL BE DISMISSED. IF A SECTION MUST BE LEFT BLANK, YOU MUST WRITE OR TYPE "N/A" ON THE APPROPRIATE LINE.**

**POSITION APPLYING FOR:** \_\_\_\_\_

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

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

CURRENT ADDRESS: \_\_\_\_\_

STREET OR MAILING

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS WHERE YOU MAY BE REACHED:

HOME

WORK

CELLULAR

DRIVER'S LICENSE NUMBER, CLASS, EXPIRATION, AND STATE OF ISSUE:

Have you ever been employed by or are known by any other names - if so, please list below:

**EDUCATION, SKILLS, & TRAINING:**

Please circle the highest year of education completed:

1 2 3 4 5 6 7 8 9 10 11 12 or GED  
Elementary and Secondary

1 2 3 4  
College

1 2 3 4 5 6 more  
Post Graduate

Schools Attended	Name & Location	Dates Attended	Degree/Certificate	Field of Study
High School				
College/University				
Vocational/Technical				

Are you a certified law enforcement officer? If so, list the State of certification, certification number, and date you received certification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any correspondence courses, seminars, workshops, or other training relating to the position applied for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any current licenses, registrations, or certificates you have received relating to the position applied for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What languages can you speak other than English?: \_\_\_\_\_

List any skills or abilities you have learned that relates to the position applied for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NEPOTISM:** New Mexico law controls the hiring of relatives of officials in certain cases. Please list any relatives by blood or marriage who are currently employees or elected officials of the City of Lovington, New Mexico.

Name: \_\_\_\_\_ Relation To You: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List paid employment including service with the armed forces. Begin with your current or most recent employment.

1. Employer's Name:		Your Title(s):	
Address:		Job Duties:	
Dates Employed: From: _____ To: _____		Why did you leave?	
Pay: Starting - _____ Final - _____		Supervisor's Name: May we contact your employer? Y N	

2. Employer's Name:		Your Title(s):
Address:		Job Duties:
Dates Employed: From:                      To:		Why did you leave?
Pay: Starting -                      Final -		Supervisor's Name: May we contact your employer?    Y        N

3. Employer's Name:		Your Title(s):
Address:		Job Duties:
Dates Employed: From:                      To:		Why did you leave?
Pay: Starting -                      Final -		Supervisor's Name: May we contact your employer?    Y        N

4. Employer's Name:		Your Title(s):
Address:		Job Duties:
Dates Employed: From:                      To:		Why did you leave?
Pay: Starting -                      Final -		Supervisor's Name: May we contact your employer?    Y        N

5. Employer's Name:		Your Title(s):
Address:		Job Duties:
Dates Employed: From:                      To:		Why did you leave?
Pay: Starting -                      Final -		Supervisor's Name: May we contact your employer?    Y        N

**RELEASE OF INFORMATION: THIS PAGE MUST BE NOTARIZED BY A NOTARY PUBLIC. FAILURE TO DO SO WILL RESULT IN THIS APPLICATION'S DISMISSAL.**

Having made application with the Lovington Police Department, it is my understanding that a comprehensive investigation of my background may be conducted in connection with this application.

I, \_\_\_\_\_ do hereby give the officials of the Lovington Police Department the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by the Lovington Police Department pertaining to my work history, any arrest information, and other general qualifications for fitness.

I hereby expressly waive any laws, regulations and/or other rules which otherwise might prevent other parties from disclosing and releasing such records.

A photostatic copy of the Authorization which contains my signature, shall be considered as effective and valid as the original and may be honored by other parties.

Applicant Name (Print): \_\_\_\_\_

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

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

State of New Mexico }  
County of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_ known to me to be the person whose name is subscribed to  
(Applicant)

the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

## **SUPPLEMENTAL QUESTIONNAIRE:**

The provisions of the Law Enforcement Training Act (29-7-1 to 29-7-11 NMSA 1978) and Dispatch Training act (29-7A-1 to 29-7A-7 NMSA 1978), established the following specific criteria for admission to the Law Enforcement Academy or Dispatcher Training Program and mandated certification(s):

### **Requirements for Police or Telecommunications Officers:**

1. Be a citizen of the United States and reached the age of majority (18 years of age) for Police.
2. Be a citizen or a legal resident of the United States and reached the age of majority for Telecommunications Officer,
3. Hold a High School Diploma or GED Equivalent,
4. Possess a valid driver's license,
5. Have not been convicted of or pled guilty to or entered a plea of Nolo Contender to any felony charge or, within the three year period immediately preceding their application, to any violation of any federal or state or local ordinance relating to aggravated assault, theft, driving while intoxicated, controlled substances or other crime involving moral turpitude and **HAVE NOT BEEN RELEASED OR DISCHARGED UNDER DISHONORABLE CONDITIONS FROM ANY OF THE ARMED FORCES OF THE UNITED STATES,**
6. After examination by a certified psychologists, found to be free of any emotional or mental condition which might adversely affect performance as a Police or Telecommunications Officer or be prohibited from successfully completing prescribed basic law enforcement training required by the Law Enforcement Training Act and Dispatcher Training Act,
7. Be of good moral character,
8. Have met any other requirements for certification prescribed by the board pursuant to regulations adopted by the board, and
9. Applicant affidavit of United States citizenship.
10. **FOR POLICE APPLICANTS:** After examination by a licensed physician, found to be free of any physical condition which might adversely affect performance as a Police Officer or be prohibiting from successfully completing prescribed basic law enforcement training required by the Law Enforcement Training Act.

### **In addition, the Lovington Police Department sets the following for Police Officers:**

1. 21 Years of age or older within 365 days from the date of employment.
2. No convictions of or for a family violence criminal offense.
3. Honorable Discharge from any of the Armed Forces of the United States.

**DRUG USAGE:** Current usage, or past usage within a past year, of marijuana will be cause for disqualification. The use of any of Cocaine, Heroin, and/or Methamphetamine within a five year period prior to application will be cause for disqualification. Any prior/current use of L.S.D. or other recognized hallucinogen (mushrooms, peyote, etc) will be reason for disqualification. Any other drug usage will be reviewed on an individual basis to determine acceptability or disqualification depending upon the frequency and recency of usage. Information regarding drug usage will be included during the polygraph examination.

**WRITTEN EXAMINATION:** Written exams will be given to each non-certified police officer applicant. The exam takes approximately one and one half hours to complete. The exam will be graded and pass/fail results will be mailed to the applicant. To participate in the testing process, applicant must bring a STATE ISSUED PHOTO ID. An applicant who fails the test may reapply and be retested after a twelve (12) month period from the date of the previous application.

**ORAL INTERVIEW:** Applicants are interviewed by department representatives who will measure traits that are significant or necessary to perform the job, and demonstrate the applicants ability to relate ideas and answer questions relative to the job. Applicants who fail the oral review board may reapply after a twelve (12) month period from the previous application date to reschedule a second oral review if positions are available. Applicants may only appear twice before the board.

**BACKGROUND INVESTIGATION AND REFERENCE CHECKING:** Applicants who successfully pass the oral review will meet with a background investigator to start the background investigation which includes, but is not limited to, employment history, honesty, character, reference checking, traffic history, and criminal history. Upon completion of a background investigation and reference check, results should not reveal any areas of concern which would be a contradiction of employment with the Lovington Police Department, such as convictions of perjury, brutality, or dishonesty. Applicants who are determined to be unsuitable will be disqualified.

**POLYGRAPH EXAMINATION:** During the employment phase, applications for the position of Police or Telecommunications Officers, are required to participate in a polygraph examination.

**TERMS: CONDITIONAL OFFER OF EMPLOYMENT** - A conditional offer of employment will be extended to eligible applicants, prior to the required drug screen, polygraph, psychological, medical and physical examinations. The conditional offer will be withdrawn if: the applicant tests positive for controlled substances, medical practitioner(s) reveal any area(s) of concern or if there are any other indicators which would be a contradiction of good moral character for employment with the Lovington Police Department.

**ACADEMY FITNESS SCREENING STANDARDS:** Following the conditional offer of employment, applicants for the position of non-certified Police Officers are required to meet the FITNESS SCREEN STANDARDS as required by the New Mexico Law Enforcement Academy and be able to meet those minimum standards prior to the starting of the academy. These minimum standards are included in this application packet.

**PSYCHOLOGICAL EXAMINATION:** Following a conditional offer of employment, applicants for the position of Police and Telecommunications Officers will participate in a psychological examination consisting of a written questionnaire and an interview with a psychologist. In compliance with New Mexico Law Enforcement Academy regulations applicants who are not recommended for hire will be reported to the New Mexico Law Enforcement Academy.

**MEDICAL EXAMINATION:** Following a conditional offer of employment, applicants for the position of Police Officer will undergo a physical examination by the City's appointed medical personnel. The examination is based upon the medical standards of the New Mexico Law Enforcement Academy and requires fasting prior to the examination.

**WORKING CONDITIONS:** SEE WILLINGNESS QUESTIONNAIRE

**UNIFORMS:** The Lovington Police Department furnishes all necessary equipment to the Police Officers except boots/shoes which must meet department regulations. Telecommunication Officers are provided uniforms as well.

**CERTIFIED APPLICANTS/LATERAL TRANSFERS:** Officers who are currently certified by the New Mexico Law Enforcement Academy will have the written examination and fitness screening standard waived. Officers who are certified by the New Mexico Law Enforcement Academy and whose commissions have lapsed, but are eligible for re-commission through the "Certified by Waiver of Previous Training" Academy will have the written examination waived but must meet the Fitness Screening Standards.

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

Officers who are certified in another state will be considered, on an individual basis, for certification processing at the New Mexico Law Enforcement Academy depending on previously documented law enforcement training received. It is the applicants responsibility to contact the academy and verify eligibility for the Certification by Waiver training. The police department will assist in this endeavor.

**APPLICANTS MUST TRAVEL AT THEIR OWN EXPENSE FOR THE POLICE OFFICER TESTING**

**FINAL OFFER:** A final offer of employment and start date will be made by the City of Lovington, NM after satisfactory completion of all portions of the selection process. Failure of any portion of the conditional offer testing is an automatic withdrawal of the conditional offer of employment by the City of Lovington, New Mexico.

**What is your age?** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Have you ever been denied coverage by a surety bond for handling finances? YES NO N/A**

**Do you know of any reason you might be denied coverage? YES NO**  
**If YES, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



List all driving citations/summons you have received as an adult and juvenile, beginning with the most recent:

Month / Year	Charge:	City/State	Disposition

**ADDRESS HISTORY:** In the spaces provide below, list all addresses where you have lived during the past ten (10) years, including military addresses if applicable. **BEGIN WITH YOU CURRENT ADDRESS:**

From	To	Street Address	City	State

**ALIAS/NICKNAME/OTHER IDENTIFICATIONS:** In the spaces provided below, list any other alias, nicknames, or identifications that you have used or other individuals do or have known you by:

Alias/Nickname/Other Identification		



**APPLICANT: FILL IN YOUR PERSONAL INFORMATION ONLY & NOTARIZE**

MVD-11280  
REV. 03/01

State of New Mexico - Taxation & Revenue Department  
MOTOR VEHICLE DIVISION



**CONFIDENTIAL RECORDS RELEASE**

(Pursuant to Section 66-2-7.1, NMSA 1978)

TYPE OR PRINT PLAINLY (INQUIRIES THAT CANNOT BE READ WILL NOT BE PROCESSED)

Provisions of the New Mexico Motor Vehicle Code make personal information about an individual confidential, and restrict disclosure. This form authorizes the release of Driver or Vehicle information containing personal information to:

- an individual, or an individual's authorized representative; or
- a requestor, if the requestor has obtained the written consent of the individual to whom the information pertains.

**Note:** For purposes of this Release, the term "personal information" means:

- with respect to **vehicle records**, the driver license number, date of birth, address, city and state.
- with respect to **driver records**, the name, address, city, state, social security number, driver license number, date of birth, height, weight, medical restrictions, image and signature.

**REQUESTOR / AUTHORIZED REPRESENTATIVE NAME & ADDRESS**

REQUESTOR'S NAME - Company or Individual - (Last, First, MI):

Requestor's SS # or Employer ID #

**Lovington Police Department - City of Lovington, NM**

**404**

Mailing Address (Number & Street):

City, State, Zip Code:

**213 South Love**

**Lovington, NM 88260**

**PERSON TO WHOM INFORMATION PERTAINS**

NAME (Last, First, MI)

Mo./ Day / Yr. of Birth

Mailing Address (Street & Number)

Social Security #

City, State, Zip Code

Telephone #  
(      )

Driver License / ID Card Number (If Applicable)

Vehicle License Plate / Identification Number(s) (If Applicable)

**TYPE OF INFORMATION REQUESTED**

**DRIVER RELATED**

- Motor Vehicle Record
- Copies of Citations or Withdrawal Notices
- Copy of License / ID Card Application
- Other: \_\_\_\_\_

**VEHICLE RELATED**

- Printout of Vehicle Registration / Owner Information
- Copy of Vehicle or Title or MSO
- Copy of Bill of Sale
- Other: \_\_\_\_\_

Provide additional information to accurately and specifically identify the information requested above: \_\_\_\_\_

Pursuant to the National Driver's Privacy Act, Public Law 103-322, I hereby swear and affirm that this requested release of information is permissible and will be used according to law.

The undersigned takes full responsibility for any violations of this Act.

I authorize the release of my personal information to:  Me  Authorized Representative  Requestor

Signature of Person

to Whom Information Pertains \_\_\_\_\_ Date \_\_\_\_\_

If personal information is to be released to anyone other than the individual, this Release must be notarized.

NOTARY: Subscribed and sworn to before me at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Signed \_\_\_\_\_

My commission expires: \_\_\_\_\_

**THIS RELEASE IS  
VALID FOR 30 DAYS  
FROM DATE OF AUTHORIZATION**

SEAL

**VOLUNTEER OR UNPAID EXPERIENCE:** Please list any unpaid or volunteer experience which you feel might help you in doing the job applied for.

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**REFERENCES:** Please list individuals whom we may contact for reference. DO NOT LIST ANY FAMILY MEMBERS OR EMPLOYERS.

Name:	Address:	Phone Number:	Relation To You:

**OTHER PERTINENT INFORMATION:** If applicable, please list any other pertinent information that may apply to the position you are applying for.

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IS THERE ANY OTHER IMPORTANT / PERTINENT INFORMATION THAT YOU FEEL WE SHOULD KNOW ABOUT YOU - OTHER THAN WHAT YOU HAVE LISTED ON THIS APPLICATION? \_\_\_\_\_

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**CERTIFICATE OF APPLICATION:**

I, \_\_\_\_\_ hereby certify that all answers to the above  
(Print Name)  
questions are true to the best of my knowledge and authorize the City of Lovington,  
New Mexico to verify any of the information given. I fully understand that any  
misrepresentation(s) or omission(s) herein may cause rejection of this application  
or termination of employment.

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

\_\_\_\_\_  
Date of Signature