Last Name:		

# LOVINGTON POLICE DEPARTMENT EMPLOYMENT APPLICATION

Date Received:	Rec	eived by:			
policies, practices, and prog	of Lovington, New Mexico grams. This policy prohibits or physical or mental disabi	discrimination on t	of opportunity he basis of rac	in employment, pay, and a e, creed, color, ancestry, nat	Il other aspects of our personnel ional origin, political affiliation,
SECTIONS, INCOM	MPLETE SECTIONS SECION MUST BI	& ATTACHE	MENTS, O	OR UNSIGNED APP	ER. ANY ILLEGIBLE LICATIONS WILL BE TYPE "N/A" ON THE
POSITION APPLYING	G FOR:	***************************************	Date A	vailable:	
PERSONAL INFORM	ATION:				_
Name:Last		First		Middle	
Current Address:	Street and Mailing		min. A.		
Telephone Number When	City re You May Be Reached:		State		Zip Code
Home DRIVER'S LICENSE N	/ UMBER, CLASS, EXPIR	Work RATION AND ST		UE:	Cell
Have you ever been empl	loyed by or are known by	any other names-	if so, please	list below:	
EDUCATION, SKILLS	& TRAINING:				
Please circle the highest	year of education comp	leted:			
1 2 3 4 5 6 7 8 9 10 Elementary and Seco		1 2 3 4 College	1 2 3 4 Post Gra	5 6 more	
Schools Attended	Name & Location	Dates At	tended	Degree/Certificate	Field of Study
High School					
College/University					

Vocational/Technical

	Last Name:
certification:	
List any correspondence courses, seminars, workshops,	or other training relating to the position applied for:
List any current licenses, registrations, or certificates yo	ou have received relating to the position applied for:
What languages can you speak other than English?	
	o 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 official Name:	Relation to You:
PREVIOUS EMPLOYMENT: List paid en your current or most recent employment.	nployment including service with the armed forces. Begin with
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:

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

May we contact your employer? Y N

	ATION: THIS PAGE MUST BE NOTARIZED BY A NOTARY PUBLIC L RESULT IN THIS APPLICATION'S DISMISSAL.
	ith the Lovington Police Department, it is my understanding that a comprehensive und may be conducted in connection with this application.
information requested by	do hereby give the officials of the Lovington Police conduct such an investigation and do hereby authorize the release of any and al the Lovington Police Department pertaining to my work history, any arrest ral qualifications for fitness.
I hereby expressly waive as from disclosing and releasing	lay laws, regulations, and/or other rules which otherwise might prevent other parties g such records.
A photo-static copy of the A as the original and may be h	authorization which contains my signature, shall be considered as effective and valid onored by the other parties.
Applicant Name (Print):	
Signature of Applicant:	Date:
State of New Mexico ) County of Lea )	
On this day of	f
	_ known to me to be the person whose name is subscribed to the above instrument
and acknowledged the same	to be his/her own free act and deed.
	Notary
(Seal)	My Commission Expires:

Last Name:

Last Name:		

#### 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):

#### Regulrements for Police or Telecommunications Officers:

- Be a citizen of the United States and reached the age of majority (18 years of age) for Police. 1.
- 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,
- Possess a valid driver's license.
- Have not been convicted of or pled guilty to or entered a plea of Noto Contender to any felony charge or, within 5. 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,
- After examination by a certified psychologists, found to be free of any emotional or mental condition which might 6. 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,
- Be of good moral character, 7.
- Have met any other requirements for certification prescribed by the board pursuant to regulations adopted by B. the board, and
- Applicant affidavit of United States citizenship. 9.
- FOR POLICE APPLICANTS: After examination by a licensed physician, found to be free of any physical 10 condition which might adversely affect performance as a Police Officer or be prohibiting from successfully completing prescribed basic law enforcement training required by the Lew Enforcement Training Act.

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

- 21 Years of age or older within 365 days from the date of employment. 1.
- No convictions of or for a family violence criminal offense.
- 2. 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/fall 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 fall 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.

What is your age? Date of Birth:	
FINAL OFFER: A final offer of employment and start date will be made by the City of Lovington, NM after satisfactor completion of all portions of the selection process. Failure of any portion of the conditional offer testing is an automa withdrawal of the conditional offer of employment by the City of Lovington, New Mexico.	ory itic
APPLICANTS MUST TRAVEL AT THEIR OWN EXPENSE FOR THE POLICE OFFICER TESTING	
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 to applicants responsibility to contact the academy and verify eligibility for the Certification by Waiver training. The policepartment will assist in this endeavor.	ne
Officers who are certified in another state and who are eligible for the New Mexico Law Enforcement Academy "Certificate of Waiver of Previous Training" will have the written examination waived but must meet the Fitness Screeni Standards.	ıng
CERTIFIED APPLICANTS/LATERAL TRANSFERS: Officers who are currently certified by the New Mexico Le Enforcement Academy will have the written examination and fitness screening standard waived. Officers who are certifi by the New Mexico Law Enforcement Academy and whose commissions have lapsed, but are eligible for re-commissi through the "Certified by Waiver of Previous Training" Academy will have the written examination waived but must me the Fitness Screening Standards.	on
UNIFORMS: The Lovington Police Department furnishes all necessary equipment to the Police Officers exceptions boots/shoes which must meet department regulations. Telecommunication Officers are provided uniforms as well.	∍pt
WORKING CONDITIONS: SEE WILLINGNESS QUESTIONNAIRE	
MEDICAL EXAMINATION: Following a conditional offer of employment, applicants for the position of Police Officer v undergo a physical examination by the City's appointed medical personnel. The examination is based upon the medic standards of the New Mexico Law Enforcement Academy and requires fasting prior to the examination.	vill cal
PSYCHOLOGICAL EXAMINATION: Following a conditional offer of employment, applicants for the position of Police at Telecommunications Officers will participate in a psychological examination consisting of a written questionnaire and a interview with a psychologist. In compliance with New Mexico Law Enforcement Academy regulations applicants who a not recommended for hire will be reported to the New Mexico Law Enforcement Academy.	an
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 academ These minimum standards are included in this application packet.	ew
TERMS: <u>CONDITIONAL OFFER OF EMPLOYMENT</u> - A conditional offer of employment will be extended to eligit 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) revealing area(s) of concern or if there are any other indicators which would be a contradiction of good moral character is employment with the Lovington Police Department.	he eal
Last Name:	

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: \_\_\_\_\_\_

			Last	ivaine	
employn		ty of Lovington		t automatically disqualify yo of criminal convictions may p	
[,(Pri	nt first, middle & last n	ame)	HEREBY AUTHORIZ	ZE THE RELEASE TO THE LO	VINGTON
			OR CURRENT INFORM	ATION CONCERNING CON	VICTIONS
AGAINS	T ME FROM	ANY AGENO	CY INCLUDING THE	UNITED STATES DEPART	MENT OF
DEFENS	E OR ANY OF I	ITS BRANCHE	S. I DO HEREBY HOLD	HARMLESS AND FREE OF I	LIABILITY
ANY SO	URCE THAT RI	ELEASES THIS	INFORMATION.		
			Applicant's Signature	Date	
Have you N ———————————————————————————————————			suspended or revoked by information in the spaces be	the licensing authority (state or elow:  Reason:	court) YES
	To:				
	To:				
	То:				
-	ever been senten		s improvement school?	TES NO If "YES", list th	ne required
Dates:		State:		Reason:	
	To:				
	To:				
	To:				

List all driving cit	ations/summons yo	ou have received as	an adult and juv	enile, begi	nning with the most recent:
Month/Year	Charge		City/State		Disposition
			The state of the s		
		A - 1			
(10) years, includi	ng military address	ses if applicable. B		OUR CURI	have lived during the past ten RENT ADDRESS:
From	То	Street Address		City, Stat	e
	***************************************				
ALIAS/NICKNAM nicknames, or iden					below, list any other alias, own you by:
		Alias/Nickname/O	ther Identificatio	n	

Last Name:

					Last Name:_				
violation o while you	f Federal, S were in the	State, Count military tha	ty, or Munic at resulted in	cipal L n loss	avicted by a court, board, Law: including events whi of pay or privileges, deter laced into custody)?	le you v	were a ju	venile and	d/or events
YE	S NO	If "YES",	provide the	requir	red information in the space	ces belc	w:		
Date	:	Charg	;e:	Lo	ocation: (City/State)		Dis	position	
DRIVING	HISTORY	: Do you cı	irrently have	e a val	lid driver's license? Y	ES N	10		
State:	License C	Class:	Expiration	1:	DL Number	R	estriction	n	
			in the Unit	ted Sta	Name  ates Military, list the dates	s of ser		nch, and s	supervisor
Braı	nch:	Date	es of Service	3	Supervisor's Name/Cont	tact #			
REFEREN(	CES: List t	hree (3) refe	erences that	we m	ay contact do not include	previou	ıs employ	yers/super	visors.
N	ame	Pho	ne Number		Mailing Address	Relati	onship –	- How long	g known

W	ILLINGNESS QUESTIONAIRE:
Ap	plicant's Name:
	ease complete the following questions concerning the Police Officer position for which you are applying for write your answers in the form of "YES" or "NO".
1.	Are you willing to stand in the middle of a busy intersection direction traffic wearing a helmet in 110 degree weather?
2.	Are you willing to physically examine a dead body for signs of injury?
3.	Are you willing to work on legal holidays (i.e. Christmas Day, Thanksgiving, July 4th)?
4.	Are you willing to work rotating shifts with days off?
5.	Are you willing to report for duty upon short notice or on days off-sacrificing personal plans?
6.	Are you willing to investigate accidents in the rain or snow?
7.	Are you willing to arrest a friend if necessary?
8.	Are you willing to spend hours writing reports while on overtime?
9.	Are you willing to work 16 hours in a row if necessary?
10.	Are you willing to handle situations that involve the possibility of injury to yourself?
11.	Are you willing to accept a court decision that runs contrary to your own wishes?
12.	Are you willing to subject yourself to intense public scrutiny and criticism?
13.	Are you willing to accept being told exactly what to do?
14.	Are you willing to maintain your composure while being insulted or sworn at?
15.	Are you willing to observe an autopsy, if required?
16.	Are you willing to notify a citizen that a member of their immediate family has just been killed?
17.	Are you willing to investigate situations involving abused or molested children?
18.	Are you willing to undergo six (6) months of intensive training before being able to work on your own?
19.	Are you willing to take another human's life if necessary and appropriate?
20.	Are you willing to deal with suicide victims and their families?
21.	Are you willing to search a dark building for a dangerous suspect if necessary?
22.	Are you willing to enforce laws that you do not agree with?
	YOU ANSWERED "NO" ON ANY OF THE QUESTIONS ON THIS WILLINGNESS ESTIONNAIRE, PLEASE REFRAIN FROM SUBMITTING YOUR APPLICATION.
SIG	NATURE OF APPLICANT DATE

Last Name:

Last Name:	

MVD-11260 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:

<ul> <li>with respect to vehicle records, the driver licer</li> <li>with respect to driver records, the name, addres weight, medical restrictions, image and signature</li> </ul>	ss, city, state, social security numbe	ঃ, city and state. ৷r, driver license number, date of birth, height,
	RIZED REPRESENTATIVE NAME & AI	DDRESS
REQUESTOR'S NAME - Company or Individual - (Last, First, MI):		Requestor's SS # or Employer ID #
Lovington Police Department - City of Lovi		856000604
Mailing Address (Number & Street):	City, State, Zip Code:	
213 S. Love Street	Lovington, NM 8	8260
PERSON TO NAME (Last, First, MI)	WHOM INFORMATION PERTAINS	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	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:	Copy of Vehicle or Copy of Bill of Sale  Other:	Registration / Owner Information Title or MSO
Provide additional information to accurately and specifically identify the Pursuant to the National Driver's Privacy Act, Public of information is permissible and will be used according to the release of my personal information authorize the release of my personal information authorize of Person to Whom Information Pertains  If personal information is to be released to anyone other than the individual, this Release must be notarized.	c Law 103-322, I hereby swear a cording to law. violations of this Act. on to: Me Authorized  NOTARY: Subscribed and sweathing this day of	and affirm that this requested release  d Representative Requestor  Date
VALID FOR 30 DAYS FROM DATE OF AUTHORIZATION	Signed	SEAL

Last Name:	

New Mexico Department of Public Safety Training Center 4491 Cerrillos Road, Santa Fe, New Mexico 87507 (505) 827-9251—(877) 237-7532 (NM Only)—Fax: (505) 827-3449— nmlea.dps.state.nm.us

#### EXIT FITNESS STANDARDS - 60<sup>TH</sup> PERCENTILE

#### **Aerobic Power**

1.5 mile run (in minutes/seconds)

Age	Male	Female
<20	11:27	13:25
20-29	11:27	13:25
30-39	11:49	14:33
40-49	12:25	15:17
50-59	13:53	17:19
60+	15:20	18:52

Apply altitude adjustments as appropriate from chart on page 6.

#### **Anaerobic Power**

300 Meter Run (in seconds)

Age	Male	Female
<20	54.0	61.0
20-29	54.0	61.0
30-39	55.0	71.0
40-49	64.0	79.0
50-59	74.0	79.0
60+	74.0	79.0

### EXIT FITNESS STANDARDS - 50TH PERCENTILE

#### **Aerobic Power**

1.5 mile run (in minutes/seconds)

Age	Male	Female	
<20	11:58	14:15	
20-29	11:58	14:15	
30-39	12:25	15:14	-
40-49	13:05	16:13	
50-59	14:33	18:05	
60+	16:19	20:08	-

Apply altitude adjustments as appropriate from chart on page 6.

#### **Anaerobic Power**

300 Meter Run (in seconds)

Age	Male	Female
<20	56.0	64.0
20-29	56.0	64.0
30-39	57.0	74.0
40-49	67.6	86.0
50-59	80.0	86.0
60+	80.0	86.0

LEA-3

Last Name:	

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#### PHYSICAL PERFORMANCE INFORMATION

The applicant being examined must obtain a medical clearance to participate in the Basic Police Officer Training (BPOT) or Certification by Waiver of Previous Training (CBW) program at the Academy or at an accredited regional/satellite academy. Both programs require a certain level of physical activity as follows:

- (1) Fitness Standards, screening for BPOT and certification for BPOT and CBW
- (2) Agility Courses
- (3) Academy Related Stressors:
  - (a) Physical Conditioning Program
  - (b) Defensive Tactics Training
  - (c) Firearms Training
  - (d) Academic Requirements

#### 1. Fitness Standards

Prior to entering a BPOT the applicant is screened for a minimum fitness level as measured by a battery of five tests with two potential alternates. These tests are based upon the 40th percentile as established by the Institute for Aerobics Research. Applicants must meet the minimum standard or they will be dismissed from the BPOT program. BPOT applicants are required to complete the 1.5 mile run and 300 meter run at the 60th percentile and the two agility courses prior to certification. CBW applicants are required to complete the 1.5 mile run and 300 meter run at the 50th percentile and the two agility courses prior to certification. See pages 6 and 8.

#### 2. **Agility Courses**

The applicant must perform simulated job tasks while wearing a ten (10) lb. weight, which represents standard duty equipment. **Agility Course 1 - Pursuit:** must be completed in 3 minutes and 5 seconds. **Agility Course 2 - Rescue:** must be completed in 42 seconds. See page 7.

#### 3. Academy-Related Physical Stressors:

#### 3a. Physical Conditioning Program

The BPOT fitness program involves a minimum of 1 hour per day, 3 days a week. The program focuses on cardio-respiratory endurance (aerobics), strength, muscular endurance, speed, agility and balance. Exercise routines may consist of sprinting, long-distance runs of 3 to 5 miles, circuit training calisthenics, a circuit containing agility exercises, a circuit containing power exercises, lifting free weights, floor aerobics and step aerobics. Exercise sessions are both high intensity and high impact.

#### 3b. **Defensive Tactics Training**

This training will include mat impacts from takedown techniques, aerobic body activity, joint stretching and full range of motion movement. Leg stress may result from kneeling, twisting, turning, standing up and standing for long periods of time. Body stress may result from trunk twisting, bending, hand and grip strength, finger/hand dexterity and eye/hand coordination exercises.

#### 3c. Firearms Training

Applicant needs the ability to maintain continuous good balance, stand for long periods of time, hold a three pound object in an extended arm position long periods, moderate to strong gripping ability, good finger and hand dexterity. Applicant will also need average or above average eye and hand coordination, kneeling ability, and possess uncorrected or corrected visual acuity of 20/30 in both eyes combined.

#### 3d. Academic Requirements

Applicant will sit for long periods of time and maintain a forward leaning position at a table or desk and must possess normal hearing ability, normal writing dexterity and writing ability.

Last Name	

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#### ENTRY FITNESS STANDARDS - 40th PERCENTILE

#1 Upper Body Strength

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

#2 Muscular Endurance #5 Flexibility

1 minute maximum number of sit-ups sit and reach -inches

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

# #3 Aerobic Power

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

#### #4 Anaerobic Power

60+

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

17:19

20:55

#### **#5 Flexibility**

Sit and reach inches

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

Altitude Adjustments for 1 1/2 Mile Run Under 5000 ft. No adjustment 5000 - 5999 ft. add 30 seconds 6000-6999 ft add 40 seconds 7000-8000 ft add 50 seconds Above 8000 ft. add 60 seconds