



New Mexico Corrections Training Academy



Pre-Employment Screening Packet

FALSE INFORMATION OR OMISSION OF PERTINENT INFORMATION MAY CONSTITUTE GROUNDS FOR REJECTION OF APPLICATION

No blank spaces are allowed!! If any of questions in the packet do not apply to you mark "N/A" or "-" on the line. Packets with blanks will be considered incomplete and can be rejected. Incomplete packets will be considered for disqualification on the basis of omission of information. All Yellow areas are required by applicant. Blue areas are to be completed by screening personnel only.

Screening Date: ____ / ____ / ____

Screening Location: _____ Screened by: _____ Agility Score: _____

CBW: Eligible Not Eligible Verified by: _____

Correctional Officer Applicant – Check the box of the Institution you wish to apply to:

- | | | | | | |
|-------------------|--------------------------|---------------|--------------------------|---|--------------------------|
| CNMCF- Los Lunas | <input type="checkbox"/> | PNM-Santa Fe | <input type="checkbox"/> | *MTC/ OCPF- Chaparral | <input type="checkbox"/> |
| NENMCF – Clayton | <input type="checkbox"/> | WNMCF- Grants | <input type="checkbox"/> | *GEO/LCCF – Hobbs | <input type="checkbox"/> |
| SNMCF- Las Cruces | <input type="checkbox"/> | SCC- Springer | <input type="checkbox"/> | *Contract facilities NOT NMCD Employees | |
| GCCF- Santa Rosa | <input type="checkbox"/> | RCC- Roswell | <input type="checkbox"/> | | |

Probation/Parole Officer Applicant – City you were selected for: _____

Applicant NAME: _____

Last

First

Middle

SSN: ____ - ____ - ____ DOB: _____

EMAIL ADDRESS: _____

CELL PHONE #: _____ HOME PHONE: _____

MAILING ADDRESS: _____

	City	State	Zip
Correctional Officer Applicant only (Male Sizing ONLY)			
Uniform	Athletic Gear (S-4xl)	Hat (Fitted)	
Shirt Size: _____ Pant: Waist _____ Inseam _____ Boots: _____	Shirt: _____ Pants: _____ Jacket: _____	S/M M/L L/XL	

Required ORIGINAL documents to be provided at screening:

- Driver's License
- Social Security Card
- US Birth Certificate / Naturalization Certificate
- High School Diploma or GED/ Transcripts with graduation date or "Graduation requirement met"

If Applicable

- DD214
- Prior Correctional Officer Certification, Probation/Parole Officer Certification, Law Enforcement Certification indicating 160+ hours **OR** Academy Transcript(s) indicating 160+ hours
- College Transcripts – PPO Only

I, hereby certify the following statements are true:

I am the person completing this application.

I am able to produce the required items listed above.

I understand that any falsified or omitted information constitutes grounds for Denial.

Applicant Signature



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Security Threat Intelligence Unit Questionnaire



Applicant Name _____ **Date** _____

Do you have any tattoos? YES NO How many? _____

Tattoo	Location	Date Received	Meaning-
Describe in detail/ Write down quotes			(Answering none, no meaning, or vague answers are not a valid)

Do you have any tattoo cover ups? YES NO

What was the tattoo prior to covering it up?

Why did you cover it up?

The following are policies of the New Mexico Corrections Department regarding applicants' associations for employment purposes.

1. Any relative of any employee of the Department may be employed in a position for which they qualified if the selection does not result in either the candidate or his/her relative becoming the supervisor of the other.
2. Any relative of a current Corrections client may be employed in any position for which they qualified, provided that the selection does not result in the candidate's becoming responsible for the direct supervision of that relative.
3. The Corrections Department encourages employment (except as Correctional Officer and/or Probation/Parole Officer) of ex-offenders who are no longer under the authority of any correctional jurisdiction provided that there is no conflict between the nature of any felony committed and potential job duties.

These policies require that the Department be furnished with the following information as part of the application process:

Association of Employees

Name, relationship, position title and work site of any relative (parent, grandparent, spouse, child, sister or brother, half-sister/brother, father-in-law, brother-in-law, or sister-in-law) or any close friend currently employed by the New Mexico Corrections Department.

NAME	RELATIONSHIP	JOB TITLE	FACILITY/OFFICE

Association of Correctional Client(s)

Name, relationship, status (inmate, parolee or probationer) and location of any close friend or relative who is currently a correctional client in the state of New Mexico or United States to include FEDERAL, STATE, COUNTY, CITY, TRIBAL facilities.

NAME	RELATIONSHIP	STATUS	LOCATION



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Do you associate or have contact with any ex-offenders, felons, and/or anyone on probation or parole, other than a professional manner (clergy, volunteer, etc.)? Yes No

List Name(s) and relationship: _____

Have you ever been or are currently on any of the following?

Offender(s) Visitation List Yes No

Approved Monetary Sender List Yes No

Offender(s) Phone List Yes No

Resided with Offender Yes No

If yes to any of the above, list Offender Name(s), relationship, and explain: _____

Have you ever been associated and/or associate with any gang(s), gang member(s), organized crime group(s)? YES NO

Name(s) of gang/ gang member/ organized crime group: _____

Explain: _____

Do you have any family or friends associated and/or who associate with any gang, gang member, other organized crime group to include motorcycle clubs? YES NO

Explain: _____

Do you have any family or friends who are members of law enforcement? YES NO

If so, who and what law enforcement agency do they work for? _____

I UNDERSTAND THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT FALSIFICATION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THIS APPLICATION, OR IF HIRED, MAY BE USED AS A BASIS FOR DISMISSAL.

Printed Name

Signature of Applicant

Date

FOR SCREENING PERSONNEL USE ONLY

Screening Coordinator - Print Name / Signature

Date

STIU Staff - Print Name / Signature

Date

Facility

Recommended By STIU: YES NO

STIU Notes:



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Screening Protocol

READ COMPLETELY, initial in acknowledgment of understanding.

The following are basis for disqualification from further Pre-Screening for employment.

Initials

1. **NO FELONY CONVICTIONS** Criminal activity in which applicant has been convicted of any felony charge will be permanently disqualified (NMSA Corrections Act; 33-1-11).
2. Felony charges resulting in a conditional discharge or deferred sentence will be reviewed on case-by-case basis.
3. Felony or misdemeanor arrests will be reviewed on a case-by-case basis.
4. Involvement in a pretrial or pre-prosecution diversion program will be reviewed on a case-by-case basis.
5. Any Domestic Violence Act conviction is automatic disqualification. Domestic Violence related arrests will be reviewed on a case by-case-basis.
6. Applicant's tattoos will be reviewed. Tattoos suspected to be gang affiliated or deemed a security threat will be reviewed by the Corrections Security Threat Intelligence Unit, for final determination. Tattoos that are visible in uniform that exhibit nudity, are sexually explicit, display vulgar language, artwork, phrases, or language that depict discriminating beliefs or are a potential safety concern will need to be removed or covered.
7. Military Service – I understand that I must provide a copy of my DD214 proving that I was not discharged from the Armed Forces under "Dishonorable Conditions" (14 U.S.C. § 922(2009)). The Academy Director or their designee will make final determination and exceptions.
8. Any falsified information discovered during the screening process may be disqualifying.
9. Maintain a valid driver's license and must complete the New Mexico Defensive Driver's course before operating a state vehicle.
10. I understand that I must be of good moral character.
11. I understand that I must pass a physical agility test.
12. I understand that I must undergo a thorough physical exam.
13. I understand that I must participate in a thorough training program.
14. This position requires me to work in a potentially dangerous prison environment.
15. This position requires me to work in confined spaces behind closed doors.
16. This position requires me to remove any visible piercings and confirm to the NMCD grooming policy.
17. This position requires me to comply with CDC vaccine recommendations as implemented by NMCD and/or the Governor.
18. This position requires me to be subjected to random drug testing.

I have read ALL the disqualifiers. I certify that none apply to me, and I am eligible to continue this screening process.

Signature

Date

WITNESS - SCREENING PERSONNEL

Date



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WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR PHYSICAL AGILITY TESTING

In consideration for possible employment as a correctional officer/probation and parole officer with the New Mexico Corrections Department, I, _____ (Applicant Name) hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the State of New Mexico, the New Mexico Corrections Department, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, while participating in physical fitness testing, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I am fully aware of the risks and hazards connected with the physical fitness testing which may include, but are not limited to: conducting a series of pushups in one minute, conducting a series of body weight squats in one minute, maintain a low plank position for one minute, conducting a cardiovascular endurance step test for one minute, conducting a rescue drill simulation for one minute, conducting a sit and reach flexibility test for three attempts, conducting a run for five minutes. I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to me. I understand that I voluntarily assume full responsibility for any risks of personal injury, including death that may be sustained by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that RELEASEES may incur due to my participation in the physical fitness testing, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

It is my express intent that this Waiver and Hold Harmless Agreement shall also bind the members of my family and/or spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New Mexico and that any suit or other proceeding must be filed in the state of New Mexico in a court of competent jurisdiction. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, fully understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have signed this Waiver and Agreement on this _____ day of _____, 20_____.

PARTICIPANT PRINT NAME: _____ **SIGNATURE:** _____

EMERGENCY CONTACT NAME: _____

TELEPHONE NUMBER: _____

SCREENING PERSONNEL WITNESS

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____



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DOMESTIC VIOLENCE MISDEMEANOR

Title 18, United States Code, Section 922(g) (9) makes it illegal for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm. A misdemeanor crime of domestic violence is defined as the use or attempted use of physical force, or the threat of the use of a deadly weapon, by a victim’s current or former domestic partner, parent, or guardian. To be a conviction, you must either have been represented by counsel or waived that right, and you were either tried by a jury or waived the right to a trial by jury.

This provision applies to any person convicted at any time prior to or after the passage of this law on September 30, 1996. There is no exemption for law enforcement officers. A conviction would make the possession of any firearm, whether state-issued or privately-owned, a felony crime. The penalty could include up to ten years imprisonment, a maximum fine of \$250,000 and dismissal. In some circumstances, a conviction is not applicable and must be addressed on a case-by-case basis.

Note: Some states, to include New Mexico, list these offenses as offenses on/towards a “Household Member.”

Please complete and sign the statement below:

I HEREBY CERTIFY AND WARRANT THAT I (check one):

Have Have NOT been **CONVICTED** of any misdemeanor or felony crime of domestic violence.

Have Have NOT been **CHARGED** of any misdemeanor or felony crime of domestic violence.

If you have been convicted or charged, please provide the following information:

Court/Jurisdiction: _____ Date of Offense(s): _____

Charge(s): _____

Sentence: _____

Brief Incident Description:

Have you ever had a **Court Protection Order** (AKA restraining order)?

Placed for you? YES NO Date: _____

Against you? YES NO Date: _____

Court/Jurisdiction: _____

Disposition (Outcome): _____

Briefly explain regardless of outcome: _____

To the best of my knowledge, all of the information provided by me is true, correct, and complete. I understand that providing false or fraudulent information may be grounds for refusal of employment or termination of employment.

Signature

Date

SCREENING PERSONNEL WITNESS

PRINT NAME: _____ SIGNATURE: _____ DATE: _____



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NMCD PREA SELF-DECLARATION OF SEXUAL ABUSE/SEXUAL HARASSMENT

Check one: Applicant Promotion Transfer

Check one: NMCD Employee Summit Food Service Medical Correctional Industries

By signing below, you certify that, to the best of your knowledge and believe, the information you provide on this form is true, complete and made in good faith. You certify that your understanding is that material omissions regarding such misconduct, or the provision of materially false or fraudulent information, you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employed, you can be terminated from employment.

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institutions (as defined in 42 U.S.C 1997); Yes No
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or when the victim did not consent or was unable to consent or refuse? Yes No
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above? Yes No
4. Has a substantiated allegation of sexual harassment ever been made against you? Yes No

By signing below, I understand that I have a continuing affirmative duty to disclose any facts that would change my answers above.

Full Printed Name _____
(First) (Middle) (Last)

Signature: _____ Date: _____

cc: Facility PREA Compliance Manager
Facility Human Resource Department



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CONSENT FOR RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize you to release to the New Mexico Corrections Department any information relevant to my application for employment, including but not limited to my work history, training records, disciplinary history, disciplinary records, integrity, and any criminal investigation, criminal record or criminal history of me.

I and my heirs, successors and assignees expressly waive any rights that I may have under any laws, regulations, statutes or rules of ethics which would otherwise prevent you from disclosing such information. I and my heirs, successors and assignees release and forever discharge all persons and entities from any liability, claims, cross claims, actions, damages and demands which may result from releasing such information.

A copy of this signed Consent for Release of Information shall be considered a valid authorization to release the information set out above.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT FOR RELEASE OF INFORMATION AND AGREE TO ITS CONTENTS.

Printed Name

Signature

Date

Social Security Number

Birthdate, City & State of Birth

SCREENING PERSONNEL WITNESS

PRINT NAME: _____ SIGNATURE: _____ DATE: _____



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Employment History

Have you ever applied or worked for **any** Corrections Department or Law Enforcement Agency before?
YES NO

If "yes", Facility/Division/Agency _____
Date(s) of application? _____ If hired, Date(s) of Employment: _____

Position(s): _____

Reason for leaving: _____

Disciplinary: YES NO Reason _____

*To include but not limited to: Verbal Warning, Letter of Caution, Letter of Reprimand, Suspension, Termination, Work Improvement Plan

Investigations: YES NO Explain _____

*To include but not limited to Office of Professional Standards, PREA, Use of Force as Subject

Were you asked to resign? YES NO Explain _____

If "yes", Facility/Division/Agency _____
Date(s) of application? _____ If hired, Date(s) of Employment: _____

Position(s): _____

Reason for leaving: _____

Disciplinary: YES NO Reason _____

*To include but not limited to: Verbal Warning, Letter of Caution, Letter of Reprimand, Suspension, Termination, Work Improvement Plan

Investigations: YES NO Explain _____

*To include but not limited to Office of Professional Standards, PREA, Use of Force as Subject

Were you asked to resign? YES NO Explain _____

If "yes", Facility/Division/Agency _____
Date(s) of application? _____ If hired, Date(s) of Employment: _____

Position(s): _____

Reason for leaving: _____

Disciplinary: YES NO Reason _____

*To include but not limited to: Verbal Warning, Letter of Caution, Letter of Reprimand, Suspension, Termination, Work Improvement Plan

Investigations: YES NO Explain _____

*To include but not limited to Office of Professional Standards, PREA, Use of Force as Subject

Were you asked to resign? YES NO Explain _____

If "yes", Facility/Division/Agency _____
Date(s) of application? _____ If hired, Date(s) of Employment: _____

Position(s): _____

Reason for leaving: _____

Disciplinary: YES NO Reason _____

*To include but not limited to: Verbal Warning, Letter of Caution, Letter of Reprimand, Suspension, Termination, Work Improvement Plan

Investigations: YES NO Explain _____

*To include but not limited to Office of Professional Standards, PREA, Use of Force as Subject

Were you asked to resign? YES NO Explain _____



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Have you ever been or are you currently under investigation or facing disciplinary action? YES NO

Employer(s): _____

Explain: _____

Have you been terminated from a job? YES NO

Employer(s): _____

Explain: _____

Have you ever resigned in lieu of termination? YES NO

Employer(s): _____

Explain: _____

GENERAL

Have you been completely truthful in regards to the information you provided in your application packet?
YES NO

I UNDERSTAND THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THIS APPLICATION, OR IF HIRED, MAY BE USED AS A BASIS FOR DISMISSAL.

Printed Name

Signature of Applicant

Date

SCREENING PERSONNEL WITNESS

PRINT NAME: _____ SIGNATURE: _____ DATE: _____



NEW MEXICO CORRECTIONS TRAINING ACADEMY

New Mexico Applicant Fingerprint Registration Information



ORI: NMo26035C

REASON: Law Enforcement Applicant / Employee

Personal Information

First Name: _____

Last Name: _____

Date of Birth: _____ (MMDDYYYY)

Social Security number: _____

City/State of Birth

Country of Citizenship

Sex:

- Male
- Female

Race: You MUST select one!

- Asian or Pacific Islander
- Black
- American Indian or Alaskan Native
- Unknown
- White including Latino

Weight (lbs.)

Height: ft. / inches

Hair Color

Eye Color

Current Physical Address _____

City State Zip

Phone Number: _____

Email Address: _____

Federal Report

State Report

NO HITS

NO HITS

Report Reviewed by: _____

HITS

HITS

Review Date: _____



NEW MEXICO CORRECTIONS DEPARTMENT

Cabinet Secretary
Alisha Tafoya Lucero

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116
Phone: 505.827.8645 Fax: 505.827.8533 cd.nm.gov

MEMORANDUM

TO: Applicants and/or NMCD Employees

FROM: Human Resources

RE: **BACKGROUND INFORMATION REQUEST**

Pursuant to the Prison Rape Elimination Act 28 C.F.R. Part 115 (PREA) and as a condition of employment with the Corrections Department, employees must undergo criminal records checks periodically. Please be advised that if the Department finds an arrest or related information during the background checks which has not been previously disclosed by an employee as required by policy, the employee may be subject to further investigation and disciplinary action.

Full Name: _____ Other Names Used: _____
(Legal Name as it appears on DL)

Social Security Number: _____ DOB: _____

Gender: _____ Race: _____

Home Address: _____

All States & Cities Lived In: _____

Drivers License Number & State Issued: _____

I, _____, understand and acknowledge that the officials of the New Mexico Corrections Department will be conducting background checks and background investigations as needed as a condition of employment.

Applicants /Employee Signature

Date

Internal Use Only:

User Initials: _____ Date: _____ Cleared _____ Not Cleared _____ Filed Copy/EE File _____