

Gallup Police Department

451 Boardman Drive Gallup, NM 87301
(505)863-9365

HIRING PROCESS FOR NON-CERTIFIED APPLICANTS:

Physical Fitness Test: Every Monday at 8:00 AM at the Public School Stadium located at 1001 S. Grandview. (Gallup mid school) You need to pass the New Mexico Law Enforcement Academy Standards according to your age category.

Written Exam: After you pass and complete the physical fitness test, you will return to the Gallup Police Department at 9:00 AM to take the written exam. The exam will take about 2 hours. You will need to pass with a 70% or better.

Oral Board Interview: After you pass and complete the written exam, you will be scheduled for an Oral Board Interview at the Gallup Police Department beginning at 8:00 AM. You will need to pass with a 70% or better.

**Background Investigation & Background Interview
Psychological Examination in Las Alamos, NM
Chief's Selection for Hire**

HIRING PROCESS FOR LATERAL CERTIFIED OFFICERS

Oral Board Interview
Background Investigation
Chief's Selection

HIRING PROCESS FOR COMMUNITY SERVICE AIDS (CSA)

Physical fitness test
Written Exam
Oral Board Interview
Background Investigation
Chief's Selection

**Contact Sgt. Melanie Begay for more information
(505) 726-5430
mbegay@gallupnm.gov**

Minimum Requirements

Valid Driver's License
High School Diploma or G.E.D
No felony Convictions

GALLUP POLICE DEPARTMENT
451 BOARDMAN DRIVE • GALLUP, NEW MEXICO
(505) 863-9365

PHYSICAL AGILITY STANDARDS FOR POLICE OFFICER
&
COMMUNITY SERVICE AID

1.5 Mile Run

15:54
(minutes: seconds)

300 Meter Run

71.0 seconds

Push-ups

15 repetitions

Sit-ups

27 repetitions

*1 minute maximum number of push-ups and sit ups



Human Resources
Klo Abeita, Director

WHAT SHOULD BE ATTACHED TO THE EMPLOYMENT APPLICATION?

In order to receive full credit for education and experience and to receive consideration in employment, the following attachments to an application are required:

- Copies of Degrees and Transcripts
- Copies of Diplomas/Certificates

Optional:

- Resume
- Letter of Interest
- Letter(s) of Recommendation

Mailing Address:

City of Gallup
Human Resources Department
Post Office Box 1270
Gallup, NM 87305

Physical Address:

City of Gallup
110 West Aztec Avenue
Gallup, NM 87301

Telephone Number:

(505) 863-1215

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Please type or print in ink. You may respond to sections 3 and 4 on separate sheets of paper if all relevant blocks are completed and the same format is followed. If using separate sheets write your name and job title you are applying for on each sheet. If you photocopy your application, leave section 2 and 8 blank and complete these sections each time you apply. You must sign and date each application you submit. LATE, INCOMPLETE OR UNSIGNED applications will not be considered. You may attach a resume as a supplement to this employment application.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted; (b) where to submit your application; (c) the required minimum qualifications or licenses; and (d) the closing date for submitting applications. An application tailored to the position is to your advantage.

1. PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE INIT.

Mailing Address _____
STREET OR P.O. BOX

CITY STATE ZIP CODE

Telephone Number (____) _____ (____) _____ (____) _____
WORK HOME CELL

Email Address: _____

Social Security No.: _____ - _____ - _____

Do you have a valid driver's license? Yes No

If "Yes," List State _____ DL Number _____ DL Class Type _____

2. POSITION INFORMATION

What position are you applying for? (See Job Vacancy Announcement) _____

Have you previously been employed by the City of Gallup? Yes No

If yes, in what position: _____ Dates _____ to _____

Will you accept: Full Time Part Time Weekends Holidays

Temporary: Dates Available for Temporary _____ to _____



**NOTICE TO APPLICANTS
AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

3. RECORD OF EDUCATION, CERTIFICATIONS, LICENSING AND SKILLS & ABILITIES

High School: _____

School Address _____ City _____ State _____ Zip Code _____

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

MUST PROVIDE PROOF

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received MUST PROVIDE PROOF	Date of Degree/Certificate	Credits Earned Indicate Quarter or Semester
----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----

Training Courses Name and Location	Dates Attended Month/Year	Did you complete?	Title/Description of Course
----- ----- ----- -----	----- ----- ----- -----	----- ----- ----- -----	----- ----- ----- -----

List **current** Professional Licenses, Registrations, Certifications, (Engineering, CPA, JD, Wastewater/Water Operator, EMT, etc)

Licensing Agency Name and Location	Type of License	Degree/Certificate Received	Date Licensed
----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----

List special skills such as word processing, operating a forklift, dump truck, computer programming, etc. and include how many years you have been utilizing those skills. Include a list of equipment that you know how to operate.

4.

EMPLOYMENT EXPERIENCE

List below all your work experience with emphasis on experience that is relevant to the position you are applying for. Begin with your present or most recent. If more than one position with the same employer, list separately. **This information must be completed even if you submit a resume.**

Name & Complete Address of Employer	----- Name of Employer
	----- Street
	----- City, State
	----- Zip Code

Your Job Title _____ Dates Employed ____/____/____ to ____/____/____

Name of Immediate Supervisor _____ Phone No. _____

Full-time Part-time Hours Worked Per Week _____ Ending Salary _____

Reason for Leaving: _____

Describe your duties in detail, (knowledge, skills, employees supervised, accomplishments, etc).

Name & Complete Address of Employer	----- Name of Employer
	----- Street
	----- City, State
	----- Zip Code

Your Job Title _____ Dates Employed ____/____/____ to ____/____/____

Name of Immediate Supervisor _____ Phone No. _____

Full-time Part-time Hours Worked Per Week _____ Ending Salary _____

Reason for Leaving: _____

Describe your duties in detail, (knowledge, skills, employees supervised, accomplishments, etc).

Name & Complete Address of Employer	----- Name of Employer -----
	Street _____ City, State _____ Zip Code _____

Your Job Title _____ Dates Employed ____/____/____ to ____/____/____

Name of Immediate Supervisor _____ Phone No. _____

Full-time Part-time Hours Worked Per Week _____ Ending Salary _____

Reason for Leaving: _____

Describe your duties in detail, (knowledge, skills, employees supervised, accomplishments, etc).

Name & Complete Address of Employer	----- Name of Employer -----
	Street _____ City, State _____ Zip Code _____

Your Job Title _____ Dates Employed ____/____/____ to ____/____/____

Name of Immediate Supervisor _____ Phone No. _____

Full-time Part-time Hours Worked Per Week _____ Ending Salary _____

Reason for Leaving: _____

Describe your duties in detail, (knowledge, skills, employees supervised, accomplishments, etc).

5. In accordance with the Immigration Reform and Control Act, the City of Gallup can only hire individuals authorized to work in the United States. In compliance with such laws, all offers of employment will be subject to verification of the applicant's employment authorization through proper documentation, eg. birth certificate or social security card along with a driver's license , passport, certificate of naturalization, etc.

Can you submit verification of your legal right to work in the United States? Yes No

6. In accordance with Section 1-11-4-5 of the Gallup Municipal Code, the City of Gallup forbids any employee from supervising or receiving supervision from a relative by blood or marriage to the third degree of kindred either directly or in a department chain of command.

Are any of your relatives employees of the City of Gallup? Yes No

If yes, please list:

 Name Relationship Job Title Department

 Name Relationship Job Title Department

7. PROFESSIONAL REFERENCES

(Please do not list former employers or relatives)

NAME	ADDRESS	PHONE NUMBER

8. PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:

The City of Gallup collects your Social Security number which may be used for any of the following purposes: Identification and verification, credit worthiness, data collection, tracking benefit processing, and tax reporting; Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. _____ (Initials)

I hereby understand and agree that this is a public record under the New Mexico Inspection of Public Records Act except for any medical records or matters of opinion such as letters of reference. I understand the City of Gallup will not actively solicit news coverage of items contained herein but cannot withhold information under the law if requests are made. _____ (Initials)

I hereby give the City of Gallup the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify the City of Gallup against any liability which might result from making such investigation. I understand that any false answer, false statement or false implication made by me shall be considered sufficient cause for denial of employment or discharge. _____ (Initials)

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between the City of Gallup and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City of Gallup unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time with proper notice and that my employer retains a similar right subject to the provisions of the Personnel Rules. _____ (Initials)

I understand that my employment is contingent upon undergoing and successfully passing a screening for alcohol or drugs. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the City of Gallup. I hereby consent to having such alcohol or drug screening results disclosed to the City of Gallup. _____ (Initials)

In consideration of my employment, I agree to comply with the policies and procedures of the City of Gallup and understand that my employment may be terminated with or without cause. _____ (Initials)

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE

EMPLOYMENT DATA RECORD

Employees are treated fairly during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability or any legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this data record is to comply with governmental recordkeeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not part of your application for employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date: _____

(Please Print)

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Social Security No. _____ Date of Birth _____

Recruitment Source (How did you learn about this job opening?):	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Phone Inquiry
<input type="checkbox"/> City of Gallup Website	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other _____
Job applied for: _____	

EEO Race/Ethnic Categories:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
(Please check one)	
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	
<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White (Not Hispanic or Latino)	
<input type="checkbox"/> Other _____	

Military Status:	
<input type="checkbox"/> No Military Service	<input type="checkbox"/> Vietnam Veteran
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Retired	

FOR HR USE ONLY:

Date and Time of Phone Contact:

_____	_____
_____	_____
_____	_____
_____	_____

Comments (if any):

Reason (if applicable):

- App Inc _____
- Decl/WD
- Pre-emp
- Bkgrd
- Non-ct
- Non-shw

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

Having made application for employment with the **City Of Gallup**, it is my understanding that a comprehensive investigation of my background may be conducted as a result of this application.

I, _____, do hereby authorize any official or authorized representative of the **City Of Gallup** bearing this release, or copy thereof, to have access to any file/s or to obtain any information pertaining to my employment, military, credit or educational history including, but not limited to, academic achievement, attendance, athletics, personal history, disciplinary records, and medical records. I hereby direct the release of such information upon the request of the bearer of this authorization.

I hereby release the custodian of such records, any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, previous employers or retail business establishment including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time effect me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I have voluntarily furnished my Social Security Number, understanding that I am in no way compelled to do so by Federal Statute or State Regulation. The Social Security Number is made available only for facilitating the availability of information concerning me with regard to my application for employment with the **City Of Gallup**.

This AUTHORITY TO RELEASE INFORMATION is executed with full knowledge and understanding that the information to be obtained is for the official use of the **City Of Gallup**, and consent is granted to the **City Of Gallup** to furnish any information to third parties in the course of fulfilling its official responsibilities.

Date _____

Full Name (Signature)

Social Security Number: _____ - _____ - _____

Full Name (Printed)

Current Address: _____

Date of Birth: _____

Telephone: (_____) _____

Subscribed and sworn before me this _____ day of _____, 20 ____ .

County of _____

My commission expires: _____

Notary Public