



New Mexico Corrections Training Academy



Pre-Employment Screening Packet

Screening Date/Received: _____

Correctional Officer - Institution you wish to apply to: _____ CBW:

Probation Parole Officer – City you were selected for: _____

SSN: _____ DOB: _____

NAME: _____
Last First Middle

EMAIL ADDRESS: _____

CELL PHONE #: _____ HOME PHONE: _____

MAILING ADDRESS: _____

City State Zip

Screening Packet Checklist

- STIU Questioner
- Screening Protocol Acknowledgment
- Pre-Employment Criteria Checklist
- Supplemental Application Questioner
- Domestic Violence Forms
- NMCD Self-Declaration of Sexual Abuse/ Sexual Harassment
- Background Information Request / NMCOURTS
- Fingerprint Registration Form
- Consent for Release of Information
- Consent to Investigation
- Applicant Information
- Employment History Last 10 years

CLEAR, color images or color copies of the following items are required Out of State Applicants only for!

In-state applicants must produce originals on the day of screening.

- Driver's License (Provisional or Restricted License is not acceptable)
- 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 or Academy Transcript of 160 hours – CBW ONLY
 - 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.

_____/s/
Signature

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 rejected or will be considered for disqualification on the basis of omission of information.



New Mexico Corrections Training Academy

Security Threat Intelligence Unit Questionnaire



All tattoos will be verified visually by STIU or approved staff.
Any omission will be grounds for disqualification

Applicant Name _____ **Date** _____

1. Do you have any tattoos? YES NO

How many? _____ What is the meaning of each one?

(none, no meaning or vague answers are not a valid)

OUT OF STATE APPLICANTS ONLY: Close up, clear, color pictures of all tattoos anywhere on your body except for those located in “swimsuit” areas. Sleeves or large tattoos may be broken up into sections.

2. Do you have any family or friends currently incarcerated in state, private prisons, county or city jails? YES NO

If so, Name _____ Location _____

Name _____ Location _____

3. Have you ever been associated and/or associate with any gang, gang member or other organized crime group to include motorcycle clubs? YES NO

If so, explain:

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

If so, explain:

FOR SCREENING PERSONEL USE ONLY:

_____/_____
Screening Coordinator - Print Name / Signature _____ Date _____

_____/_____
STIU Staff – Print Name / Signature _____ Date _____

Facility _____ Recommended YES NO



New Mexico Corrections Training Academy



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, pled guilty to, or entered a plea of nolo contendere to any felony charge, been involved in any prosecution diversion program (PPP) as adjudicated for a felony crime committed will be permanently disqualified. Felony arrests will be reviewed on a case-by-case basis.
2. Any misdemeanor arrests will be reviewed on a case-by-case basis.
3. Any Domestic Violence Act conviction is automatic disqualification. Domestic Violence related arrests will be reviewed on a case by-case-basis.
4. Any applicant who has been on supervised probation must have completed probation one (1) year from the date of initial application. However, any applicant who has been on supervised or unsupervised probation will be reviewed on a case-by-case basis based on the criminal act.
5. Any DWI* must be older than three (3) years. Applicants with more than one (1) DWI will be reviewed on a case-by-case basis. Any convictions of Aggravated DWI* is disqualifying. *As defined by NMSA Section 66-8-102, as amended.
6. Applicant's tattoos will be reviewed by the Corrections Security Threat Intelligence Unit to include those that are visible in uniform that exhibit nudity, are sexually explicit, display vulgar language, art work, phrases or language that depict discriminating beliefs or are a potential safety concern for the applicant will need to be removed or covered prior to being employed. Tattoos determined to be gang affiliated or give the perception of, and/or deemed a security threat will be reviewed on a case-by-case basis.
7. Any use of marijuana, hashish or synthetic cannabinoids within three (3) months of application is disqualifying.
8. Any use of non-prescribed or illegal drugs to include, rave, designer or synthetic drugs within two (2) years of application is disqualifying. Example includes drugs such as cocaine, mushrooms, LSD, etc.
9. Any use of heroin, opiates, methamphetamine within three (3) years of application is disqualifying.
10. Any use of non-prescription steroids within six (6) months of application is disqualifying.
11. Any experimental use of any controlled substance, other than cannabis that exceeds five (5) times over applicants' lifetime, will be reviewed on a case-by-case basis.
12. Sale or distribution of any illegal substance for yourself or others is disqualifying.
13. Any use of any illegal substance while employed as a law enforcement officer or correctional officer is disqualifying.
14. Any falsified information discovered during the screening process may be disqualifying.
15. Military Service – DD214 must show "Honorable" or "General Discharge Under Honorable Conditions" in the Character of Service (Item #24) block. The Academy Director or their designee will make final determination and exceptions.
16. Any illegal acts committed as a juvenile, to include sale, distribution of drugs and crimes shall be open for panel review.

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

Printed Name

/

Signature



New Mexico Corrections Training Academy

CORRECTIONAL OFFICER/PROBATION AND PAROLE OFFICER



PRE-EMPLOYMENT CRITERIA CHECKLIST

Initial

- | | | |
|-----|---|----------------|
| 1. | I understand I must be at least eighteen (18) years of age. | _____ |
| 2. | I understand I must have a high school diploma, or GED (Correctional Officer)
Or college degree (Probation and Parole) | _____
_____ |
| 3. | I understand I must be a citizen of the United States or a Naturalized U.S. Citizen. | _____ |
| 4. | I understand that I must submit copies of my state birth certificate (from the Bureau of Vital Statistics), Social Security card, high school diploma or GED, (Associate degree or above for Probation and Parole and a copy of my DD-214, (If applicable). | _____
_____ |
| 5. | I understand that I must submit a copy of my valid driver's license and must complete the New Mexico Defensive Driver's course before I may operate a state vehicle. | _____ |
| 6. | I understand that I cannot have been convicted of a felony. | _____ |
| 7. | I understand that I must be of good moral character and habits sustained by a confidential investigation. | _____
_____ |
| 8. | I understand I must have fluent command of the English language and legible penmanship. | _____ |
| 9. | I understand I must have self-control and a willingness to work within a disciplined environment. | _____
_____ |
| 10. | I understand that I must pass a physical agility test. | _____ |
| 11. | I understand that use of any drugs, narcotics, illegal substances, including heroin, opium, morphine, steroids or any other derivative may disqualify me from employment. | _____
_____ |
| 12. | I understand that any disclosed criminal history committed as a juvenile may be open for panel review. | _____ |

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING QUESTIONS AND
THAT MY INITIALS INDICATE THAT I SUCCESSFULLY MEET THE CRITERIA.

_____	/S/	_____
Print Name		Signature



New Mexico Corrections Training Academy

NEW MEXICO CORRECTIONS DEPARTMENT

SUPPLEMENTAL APPLICATION QUESTIONNAIRE



CORRECTIONAL OFFICER/PROBATION AND PAROLE OFFICER

You have applied for a position as a Correctional Officer/Probation and Parole Officer with the State of New Mexico. This form must be completed and returned before your application is processed.

If you answer NO to any of the below questions, please advise the screening Coordinator immediately.

1. Are you willing to undergo a thorough physical exam?YES NO
2. Are you willing to participate in a thorough training program?YES NO
3. Are you willing to wear a uniform to work?YES NO
4. Are you willing to work with potentially dangerous males, females or cross gendered?.....YES NO
5. Are you willing to work in confined spaces behind closed doors?.....YES NO
6. Are you willing to work in an environment which may afford verbal abuse and embarrassment?YES NO
7. Are you willing to work shifts which will vary periodically?.....YES NO
8. Are you willing to work holidays, nights, weekends, and during emergencies?.....YES NO
9. Are you willing to work overtime as mandated?YES NO
10. Are you willing to operate firearms during training and while on duty?.....YES NO
11. Are you willing to supervise inmates without carrying a sidearm or baton?YES NO
12. Are you willing to work with, receive orders from, and give orders, to males, females or cross gendered with an ethnic background or race different from your own?YES NO
13. Are you willing to undergo a thorough background investigation?
(FBI, State Police, Local and/or City Police).....YES NO
14. Are you willing to remove any visible piercings, cut your hair and shave daily?.....YES NO

I certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification that my application will be rejected, my name removed from consideration for employment, I will be dismissed from the service if employed.

Print Name: _____ Signature: _____ /S/ Date: _____



New Mexico Corrections Training Academy



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.

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: _____

Charge(s): _____

Sentence: _____

Brief Incident Description:

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.

_____/S/_____
Signature

Date



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NMCD 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: _____/S/_____ Date: _____

cc: Facility PREA Compliance Manager
 Facility Human Resource Department



New Mexico Corrections Training Academy



MEMORANDUM

TO: Applicant
RE: BACKGROUND INFORMATION REQUEST

A condition of employment with the Corrections Department is to undergo a criminal records check. In accordance with this condition, a NCIC check will be conducted. Please complete the following information:

Full Name: _____

(As it appears on your Driver's License)

Other Names Used: _____

Social Security number: _____ **DOB:** _____

State issuing Driver's License

Driver's License number

All Counties and States Lived In

County	State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sex: You MUST select one

- Male
- Female

Race: You MUST select one

- Asian or Pacific Islander
- Native American or Alaskan Native
- African American
- White to include Latino
- Unknown

Current Physical Address, City, State, Zip code

I, do hereby give the officials of the New Mexico Corrections Department the authority to conduct such an investigation.

_____/S/____ Date: _____

Signature

For Background Investigator Use Only

Clear Not Clear

User Name: _____ Signature _____ Date _____



New Mexico Corrections Training Academy



CONSENT TO INVESTIGATION

I hereby authorize the New Mexico Corrections Department to conduct a thorough investigation into my background including, but not limited to, past activities, any criminal investigation, criminal record/history, work history and integrity. I understand that this investigation will be conducted to determine my qualifications and ability to serve as a Correctional Officer/Probation and Parole Officer with the Department. I agree to fully cooperate in this investigation.

I further understand that I will be fingerprinted, that a request for a criminal background check will be submitted to the National Crime Information Center (NCIC) in Washington, D.C. and that local and state police background checks may be conducted.

I and my heirs, successors and assignees release and forever discharge the State of New Mexico and the Department, its officers, employees, agents, successors and assignees from any liability, claims, cross claims, actions, damages and demands which may result from conducting this investigation. I and my heirs, successors and assignees agree to indemnify and hold harmless the State of New Mexico and the Department, its officers, employees, agents, successors and assignees against any liability, claims, cross claims, actions, damages and demands which may result from conducting this investigation or which may result from the findings of this investigation.

I further understand and agree that any confidential information obtained by the Department from this investigation WILL NOT be disclosed to me. I further understand and agree that if any reason my disqualification for employment is based on such confidential information, the Department may refuse to reveal or release to me or my heirs, successors and assignees the confidential information or any information, which may reveal the source of the confidential information.

I understand this entire packet and any information collected during the screening process is considered confidential information and part of my investigation.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT TO INVESTIGATION AND AGREE TO ITS CONTENTS.

Printed Name

_____/S/_____
Signature

Social Security Number

Date

Date, City, State of Birth



New Mexico Corrections Training Academy



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, 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

_____/S/_____
Signature

Social Security Number

Date

Date, City, State of Birth



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CORRECTIONS DEPARTMENT APPLICANT INFORMATION SHEET

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

The following are policies of the Corrections Department relative to applicants for employment.

1. Any relative of any employee of the Department may be employed in a position for which he/she 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 he/she 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/Probation and 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:

Position Applying for:

NAME: _____ Correctional Officer Probation and Parole Officer

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) currently employed by the New Mexico Corrections Department. (Indicate "None" if appropriate.)

NAME	RELATIONSHIP	JOB TITLE	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____

Name, relationship, status (inmate, parolee or probationer) and location of any relative who is currently a correctional client in the state of New Mexico or the nation. (Indicate "None" if appropriate.)

NAME	RELATIONSHIP	STATUS	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____

Do you associate or have contact with ex-offenders or felons in other than a professional manner (clergy, volunteer, etc.) YES NO

If so, explain: _____

Signature: _____ /S/ _____ **Date:** _____



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APPLICANT BACKGROUND CHECKLIST

ALL FILEDS MUST BE COMPLETED. BLANK SPACES ARE CONSIDERED TO BE AN OMMISION.

If something does not apply to you, mark "N/A or - -" dates must be approximated to MONTH/YEAR

APPLICANT'S NAME:

(Last)

(First)

(Middle)

Employment History:

Have you ever applied or worked with the NM Corrections Department before? YES NO

If "yes", Date of application? _____

What was the outcome of your application? _____

Which facility/division _____

If hired: Dates worked _____

Reason for leaving _____ Disciplinaries _____

Were you asked to resign? YES NO If "yes", briefly explain _____

Have you ever worked for a Private Prison in the State of New Mexico? YES NO

(Example: GEO or CCA)

If "yes", Position: _____

Dates worked? _____

Reason for leaving _____ Disciplinaries _____

Were you asked to resign? YES NO If "yes", briefly explain _____

Have you applied and/or worked with another law enforcement agency? YES NO

If so, What agency _____

What was the outcome of your application? _____

If hired: Dates worked _____

Reason for leaving _____ Disciplinaries _____

Were you asked to resign? YES NO If "yes", briefly explain _____

Were you ever the subject of an investigation, criminal or civil? YES NO

If so explain: _____

How many jobs have you had, including your current job? _____

Are you currently employed? YES NO Where: _____

Have you ever been fired or been asked to resign a position? YES NO

From: _____ Reason: _____

Explain: _____



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EMPLOYMENT HISTORY FORM Past 10 years (Including Volunteer/ School)

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Employer's Name:	Kind of Business	From (Mo. - Yr.)	To: (Mo. - Yr.)
Employer's City	State	Telephone Number:	
Your job title:		Hours worked per week:	
Brief Description of Job Duties:			
Reason for Leaving:			

Signature:	/s/	Date:
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Criminal Record

Include any and all Juvenile and Military matters. Disclose cases even if charges/cases were sealed, dismissed, deferred. If you have answer yes to any of the following questions briefly explain and provide final disposition of case (example: Dismissed, Reduced Sentence, Deferred Sentence, etc. Provide a brief explanation of what occurred.

Traffic violations: YES NO . How many? _____

Misdemeanors: (Have you **ever** been)

Summoned: YES NO Date: _____
Arrested: YES NO Date: _____
Charged: YES NO Date: _____
Convicted: YES NO Date: _____

Disposition: _____

Briefly Explain regardless of outcome: _____

Felonies: (Have you **ever** been)

Summoned: YES NO Date: _____
Arrested: YES NO Date: _____
Charged: YES NO Date: _____
Convicted: YES NO Date: _____

Disposition: _____

Briefly Explain regardless of outcome: _____

Driving While Intoxicated / Driving Under the Influence: (Have you **ever** been)

Summoned: YES NO Date: _____
Arrested: YES NO Date: _____
Charged: YES NO Date: _____
Convicted: YES NO Date: _____

Disposition: _____

Briefly Explain regardless of outcome: _____

Court Protection Order:

For you? YES NO Date: _____ Against you? YES NO Date: _____

Issuing Court: _____ Disposition: _____

Briefly Explain: _____

Have you ever been fingerprinted? YES NO

Briefly Explain: _____

Have you been a subject of any type of investigation by any law enforcement agency?

YES NO Briefly Explain: _____



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Probation:

Are you or have you ever been on unsupervised probation: YES NO Date: _____

Disposition: _____ Briefly Explain: _____

Are you or have you ever been on supervised probation: YES NO

Date From: _____ to _____ Supervising Agency: _____

Violations: _____ Disposition: _____

Explain: _____

Gang Affiliation

1. Have you ever been or are you currently associated with and/or involved with any gangs, motorcycle clubs/gangs or organized crime groups: YES NO

Name of Club/Gang/Group: _____ Date of last Activity/Association: _____

Explain: _____

2. Do you have any family members or close friends who have been or are currently associated with and/or involved with, gang members of any type to include motorcycle clubs/gang, cartel, etc. YES NO

NAME	RELATIONSHIP	AFFILIATION
------	--------------	-------------

3. Do you have any family members or close friends who have been or are currently incarcerated in any municipal, county, private or state prison in any state? YES NO

NAME	RELATIONSHIP	STATUS	LOCATION
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4. Tattoos? YES NO How many: _____

Military History

Have you ever served in the military? YES NO

If "yes," what branch? _____

B. Did you receive any Disciplinary Actions or Court- Martial? YES NO

If "yes," Briefly explain: _____

Type of Discharge: _____

*YOU MUST PROVIDE DD214 FORM SHOWING HONORABLE DISCHARGE OR GENERAL DISCHARGE



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DRUG INFORMATION SHEET

Have you ever used or tried any of the following illegal drugs or substances?

Times used and date of last use are required. **BE HONEST!**

				Times Used	Dates Used MM/YY		
1.	Marijuana	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
2.	Hashish	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
3.	Spice/K2	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
4.	Speed	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
5.	Heroin	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
6.	Opiate	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
7.	Mushrooms	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
8.	Peyote (Other than religious purposes)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
9.	LSD	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
10.	Methamphetamines/Crank	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
11.	Barbiturates	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
12.	Cocaine/Crack	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
13.	PCP	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
14.	Steroids (Non-prescribed)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
15.	Rave, Designer Drugs, Synthetic Drugs, Etc.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
16.	Solvents (Glue, Paint, Aerosols)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
17.	Prescription Drugs (not used as prescribed)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	_____	_____
18.	List in detail any other drugs or substances: _____						

How do you feel about the drug laws?

They are: Too strong Adequate Too Lenient

Explain why you think this way (Answer required):

How do you feel about marijuana laws?

They are: Too strong Adequate Too Lenient

Explain why you think this way (Answer required):

Would you enforce them under all circumstances (i.e., on friends, family)? YES NO

Explain why you think this way (Answer required):



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How often are illegal drugs used in your presence, other than in a professional manner?

Never Rarely Occasionally Monthly Weekly Daily

Date of last incident: _____ Explain: _____

When was the last time anyone used drugs or any other illegal or controlled substance in your presence? Date of last incident: _____ Explain: _____

Have you ever bought any type of illegal drugs or controlled substance? YES NO

Date(s) of purchase: _____ Amount(s) purchased: _____

Quantity: _____ Explain: _____

Have you ever sold any type of illegal drugs or controlled substance? YES NO

Date(s) Sold: _____ Amount(s) purchased: _____

Quantity: _____ Explain: _____

DRIVING RECORD

Do you have a **valid** driver's license at this time? YES NO

Have you ever been denied a driver's license or had your license suspended, revoked, or subjected to any other penalty or action for any reason? YES NO

Explain: _____

Have you ever been involved in an accident that you failed to report, either to the police or the owner of the other property involved? YES NO

Explain: _____

Has your auto insurance ever been refused or cancelled? YES NO

Explain: _____

THEFT

Have you ever stolen any money or taken money without authorization from your employer?

YES NO Explain: _____

Have you ever been accused of having stolen any amount of money or merchandise from somewhere other than work? YES NO Explain: _____



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GAMBLING

How often do you gamble?

Never Rarely Occasionally Monthly Weekly Daily

Do you owe any gambling debts? YES NO Amount: \$ _____

What is the most you have won in 24 hours? Amount: \$ _____

What is the largest amount you have lost in 24 hours? Amount: \$ _____

ALCOHOL CONSUMPTION

How often do you consume alcohol?

Never Rarely Occasionally Monthly Weekly Daily

Have you ever blacked out after drinking? YES NO

Date of Last Incident: _____

Briefly Explain: _____

Have you used alcohol while at work? YES NO

Date of Last Incident: _____

Briefly Explain: _____

Have you ever operated a vehicle while under the influence of alcohol or illegal drugs?

YES NO Date of Last Incident: _____

Briefly 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.

Date

_____/S/_____
Signature of Applicant