

Employment Application Custodian

Date: _____

Name: _____

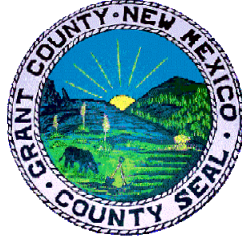
Preferred Name: _____

Phone Number: _____

E-mail address: _____

READ the following information before completing this application.

- All information contained on this application is subject to verification.
- A background investigation is required of successful applicants.
- Any omission, misstatements, or falsifications will be cause for rejection of this application, elimination from further completion, removal of your name from an eligibility list or discharge from employment,.
- Information provided on this application and during the application process may be subject to public disclosure pursuant the New Mexico Inspection of Public Records Act, NMSA (1978) § 14-2-1, *et seq*
- The information provided by you on this application will used to determine your qualifications for employment.



The attached documents must be filled out completely and returned to the County Manager's Office/Human Resources **by Friday, February 12, 2021 @ 5 pm.** The Human Resource office is located inside the Grant County Administration Building. This is a *summary of instructions* and you must complete every question for the specific job you are applying.

1. The **application** should be filled out completely. All applications taken by this entity are by law public record and will be handled as such. Make sure that you sign and date the application.
2. Read the **Position Specifications** carefully. All items must be read and answered whether you *can or cannot* perform duties.
3. **Attach a copy of your driver's license**
4. Attach a copy of your military release DD 214 form if identifying as a Veteran.
5. You are welcome to attach your resume and/or copies of any relevant training or coursework to your application.



Title: Custodian
Department: Maintenance
FLSA: Regular / Full-time / Union Represented upon completion of probation
Salary Range: Min. \$19,482 Mid. \$24,353 Max. \$29,223
Class Code: 1209
Closes: Friday, February 12, 2021 @ 5 pm

Summary:

Under general supervision of the Facility & Grounds Superintendent, performs a wide variety of custodial and maintenance duties in order to provide a clean, orderly and safe environment. The Custodian performs custodial duties in and around County owned and operated facilities. Employee shall work closely with employees and the public to meet the custodial needs of the facility and resolves problems to ensure efficient and safe operations.

Minimum Qualifications

(Please use your initials to indicate whether you do or do not meet the minimum qualifications of the position.)

Yes	No	
___	___	High School Degree or GED
___	___	Valid New Mexico unrestricted driver's license and possess a good driving record.

Preferred Qualifications:

(Please use your initials to indicate whether you do or do not meet the preferred qualifications of the position.)

Yes	No	
___	___	Some professional work experience as custodian, janitor or a similar role is a plus. <i>If you answer yes, please include specifics under Employment Experience.</i>
___	___	Ability to communicate in Spanish is a plus.

Essential Duties & Responsibilities:

(Please use your initials to indicate whether you are or are not capable of performing each duty listed below, with or without reasonable accommodation.)

Yes	No	
___	___	Responsible for a wide variety of cleaning and general custodial services at any of the County owned and operated facilities.
___	___	Clean, dust surfaces; sweep, mop, or vacuum floors
___	___	Empty & clean wastebaskets and trash containers
___	___	Remove debris from office areas.
___	___	Clean and sanitize toilets, sinks and water fountains
___	___	Refill and maintain restroom and lobby dispensers.
___	___	Working knowledge of industrial cleaning equipment and appliances and how to maintain them.
___	___	Maintain mirrors and windows
___	___	Report any safety, sanitary or fire hazards to Facility & Grounds Superintendent.
___	___	Able to comprehend, read, write and communicate in English
___	___	Able to follow written and oral instructions with little supervision
___	___	Knowledge of standard methods, practices, tools and equipment used to perform job duties of a custodian.
___	___	Knowledge and use of the proper use of chemicals, fertilizers and pesticides.
___	___	Knowledge of occupational hazards and safety rules.
___	___	May be required to work overtime if necessary.
___	___	Able to comply with all County/Departmental Policies and Procedures.
___	___	Perform other duties as assigned.

Criteria Conditions

(Please use your initials to indicate whether you are or are not capable of performing each duty listed below, with or without reasonable accommodation.)

Yes *No*

___ ___ Work is mostly performed indoor.

___ ___ While performing the duties of the job, the employee is frequently is required to stand, walk or sit and regularly involves bending, stooping, climbing, crouching, kneeling balancing reaching and squatting.

___ ___ Ability to work eight (8) hours on your feet and lift up to thirty (30) pounds.



GRANT COUNTY, NM

APPLICATION FOR EMPLOYMENT

Grant County considers applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Numbers:
Home: _____ Work: _____ Cell: _____
Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? If yes, please attach to back of application. Yes No

Have you ever filed an application with Grant County before? Yes No
If yes, give date _____

Have you ever been employed with Grant County Yes No
If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented for lawfully becoming employed in the U.S. because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job required it? Yes No

Do you have any relatives working for Grant County? Yes No
If so, list names and relationships. _____

Employment Experience:

Start with your present or last job. **If the employment section is not completed, your application will be rejected.**

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Applicant Statement:

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

1. I certify that answers given herein are true and complete to the best of my knowledge
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
3. I understand that the submission of this application does not indicate an offer of employment nor does it establish any obligation on behalf of Grant County,
4. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all employee policies of Grant County.

Signature of Applicant:

Date:



Voluntary Information

To further our commitment to equal opportunity employment, Grant County Government requests applicants to provide the following information. This information will be used for statistical purposes only by authorized personnel.

How did you hear about current Grant County employment opportunity?

Newspaper Radio Station Facebook
 Grant County Website Grant County Employee Other _____

Date of Birth: _____

Gender: Male Female

Citizenship: U.S. Citizen Legal Alien Other

Ethnicity – Please check only one choice which best describes your race/ethnicity:

- White (Non-Hispanic Origin)
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Black (not of Hispanic origin)
All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian / Alaskan Native
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Provide five (5) personal or professional references:

Name _____

Phone Number _____

Name _____

Phone Number _____

Name _____

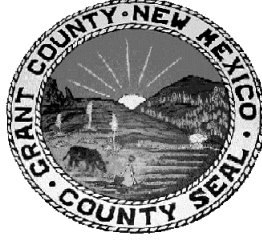
Phone Number _____

Name _____

Phone Number _____

Name _____

Phone Number _____



Authority to Release Information

To Whom It May Concern:

I hereby grant permission to **Grant County** to conduct a thorough historical background investigation on me. The purpose for the investigation is to construct a record of my personal and professional history to ensure I meet the requirements of the position and duties I have been hired to perform. I understand the investigation will be conducted by a licensed private investigation or the Grant County Human Resources Department.

I hereby grant the investigator bearing this release, or copy thereof, for a period of 60 days of its date, to obtain any information in your files pertaining to any educational, investigation, arrest or conviction of myself on any civil or criminal matter. I hereby direct you to release such information upon the request of this bearer. I hereby release you as custodian of such records for verifying employment. criminal justice, law enforcement or court agency, including its officers and employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information; or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

PLEASE PRINT CLEARLY!

Full Name _____

Social Security # _____

Date of Birth _____

Current Address _____

Telephone Number () _____

Driver's License Number: _____ State of License _____

Expiration Date: _____

Applicant Signature _____