

# STATE OF NEW MEXICO invites applications for the position of:

# Blindness Skills Instructor (NMCFB #64114)

SALARY:

\$15.28 - \$26.59 Hourly

\$31,782.40 - \$55,307.20 Annually

**JOB TYPE:** Permanent Position **OPENING DATE:** 03/06/17

CLOSING DATE: 03/21/17 11:59 PM DEPARTMENT: Commission for the Blind

**LOCATION:** Las Cruces

#### JOB DESCRIPTION:

NEOGOV is currently working on a system update for applicants who use screen readers. If you are applying with a screen reader and need assistance, please contact Andrea Rivera-Smith @ 505-695-5606.

#### **IMPORTANT NOTICE:**

Attached resumes will <u>not</u> be reviewed or considered. You are required to include your work experience in the Work Experience section of your application. If you have previously included work history on a resume you must transfer your work history into the Work Experience section prior to submitting your application. For more information please visit our website: <u>Employment with the State of New Mexico</u>

#### **Purpose of Position:**

This position will provide blindness skills training, primarily training in orientation and mobility (cane travel), personal management, assistive technology, braille, and home management to blind individuals. This position includes both consumers served by the Independent Living Program and the Vocational Rehabilitation Program.

This position is a Pay Band 65.

## CLASSIFICATION DESCRIPTION: Blindness Skills Instructor

## **MINIMUM QUALIFICATIONS:**

Associate's Degree in Education, Social Science, Behavioral Science, or related field and two (2) years of experience in a field such as orientation and mobility, vocational rehabilitation counseling, education, social work, gerontology, family and community services, child development, home economics related to families, or services for people with disabilities. Additional education may substitute for the required experience on a year for year basis. Experience in this job classification may substitute for the required education on a year for year basis.

## **Employment Requirements:**

N/A

#### **Statutory Requirements:**

N/A

#### SUPPLEMENTAL INFORMATION:

#### Benefits:

Do you know what Total Compensation is? <a href="http://www.spo.state.nm.us/total-compensation.aspx">http://www.spo.state.nm.us/total-compensation.aspx</a>

## **Working Conditions:**

80% of the work is performed away from the office, traveling to and visiting with clients in Southern and Southwestern New Mexico using a state vehicle. Occasional overnight travel is required. - Regular exposure to Visual/Video Display Terminal (VDT), personal computers, and typical office equipment. Requires extensive telephone usage. - Regularly works with individuals with secondary disabilities, some of which resulting in challenging behaviors. - Occasionally exposed to service animals.

## **Conditions of Employment:**

Working Conditions for individual positions in this classification will vary based on each agency's utilization, essential functions, and the recruitment needs at the time a vacancy is posted. All requirements are subject to possible modification to reasonably accommodate individuals with disabilities.

## **Default FLSA Status:**

Exempt. FLSA status may be determined to be different at the agency level based on the agency's utilization of the position.

## **Bargaining Unit:**

This position is covered by a collective bargaining agreement and all terms/conditions of that agreement apply and must be adhered to.

#### **Agency Contact:**

Kelly Quintana, Human Resource Manager (505)476-4456 or email: Kelly.Quintana@state.nm.us.

## Link to Agency:

http://www.cfb.state.nm.us/

#### **Applicant Support:**

http://www.spo.state.nm.us/State Employment.aspx

Facebook

LinkedIn

APPLICATIONS MAY BE FILED ONLINE AT: http://www.spo.state.nm.us

Job #2017-00932

BLINDNESS SKILLS INSTRUCTOR (NMCFB #64114)

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2600 Cerrillos Road Santa Fe, NM 87505

justin.najaka@state.nm.us

## Blindness Skills Instructor (NMCFB #64114) Supplemental Questionnaire

\* 1. \*How many years of experience do you have RELATED to the PURPOSE of this position? Please note that the purpose of this position is an extension of the minimum qualifications. Please review both the purpose of position and minimum qualifications before responding to this question. If you worked a part-time position (less than 40 hours a week) please be aware that your experience for this time period will be pro-rated. Additionally, if you have work experience that overlaps, you will only be credited for a maximum of 40 hours per week for that time period. Please note, that only related work experience will be considered.

		□ None □ 3 months of experience □ 6 months of experience □ 1 year of experience □ 2 years of experience □ 3 years of experience □ 4 years of experience □ 5 years of experience □ 6 years of experience □ 7 years of experience □ 8 years of experience □ 9 years of experience □ 10 years of experience
*		Please indicate the highest level of education you have completed. If you have responded that you have an education higher than a high school diploma or GED, you must attach a copy of your official/unofficial transcript(s) that clearly state the type of degree and date awarded/conferred, institution name, applicant name and is in a format that cannot be modified (edited). Your application WILL NOT be considered for further review if you have failed to provide this information.
		☐ Eighth Grade ☐ Tenth Grade ☐ High School Diploma or GED ☐ Associates Degree or Technical/Vocational Certificate ☐ Bachelors ☐ Masters ☐ Juris Doctorate ☐ Ph.D. / PsyD / Ed.D. / M.D. / D.O. / Doctorate
*	3.	G1091A-606 Do you possess a licensure or certification in a field exclusive to work with individuals who are blind or visually impaired?  Yes No
*	4.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type " $n/a$ " as your response to this question.
*	5.	G1091A-606 Have you received intensive or comprehensive instruction in blindness skills, including Braille or Orientation and Mobility?  Yes No
*	6.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type "n/a" as your response to this question.
*	7.	G1091A-606 Do you have professional experience with or extensive knowledge of software programs for the blind or visually impaired, including Jaws, Window Eyes, Zoom text or MAGic?  Yes No
*	8.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type "n/a" as your response to this question.

\* 9. G1091A-606 Do you have a Bachelor's or Master's degree in Education, Social Work, Counseling, Communications, Gerontology, Family Studies, or Family and Community Services?

		☐ Yes ☐ No
*	10.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type "n/a" as your response to this question.
*	11.	G1091A-606 Do you have a master's degree in rehabilitation counseling or rehabilitation teaching, or a master of arts in educational psychology with a concentration in orientation and mobility, a master of arts in teaching with a certification in teaching blind students, or a master of science in curriculum and instruction with a cognate in teaching blind students?  Yes
		□ No
*	12.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type "n/a" as your response to this question.
*	13.	G1015A-606 Do you have experience working for an agency or entity whose main focus is providing blindness skills training to individuals who are blind or visually impaired?
		□ yes □ no
*	14.	Briefly describe when and how you obtained this experience. Please note if you answered "No" to the previous question, type "n/a" as your response to this question.
*	15.	I understand that I must attach transcripts if I have certified that I have an education higher than a High School Diploma or GED, which include the date and type of degree awarded, institution name, applicant name and is in a format that cannot be modified (adited).
		(edited). PLEASE NOTE: Attachments are NOT automatically attached to your application. You will need to select which documents to attach to each application. (The last 15 attachments uploaded are available for selection).
		I understand that my response to the experience question will be confirmed. I have included my related work experience in the Work Experience Section of my application.
		I understand that I must complete the Certificates and Licenses section of my application or attach proof of this license/certificate to my application if this position has a statutory requirement.
		I understand that my application will not be further considered if I fail to provide this required information and documentation at the time my application is submitted.
		☐ I understand
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