





## EMPLOYMENT/ WORK EXPERIENCE

*Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

1. Employer		Dates Employed		<b>Work Performed</b> (Please identify key functions.)
		From (M/Y)	To (M/Y)	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		<b>Work Performed</b> (Please identify key functions.)
		From (M/Y)	To (M/Y)	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		<b>Work Performed</b> (Please identify key functions.)
		From (M/Y)	To (M/Y)	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		<b>Work Performed</b> (Please identify key functions.)
		From (M/Y)	To (M/Y)	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*

<b>List professional, trade, business or civic activities and offices held.</b>



## APPLICANT'S CERTIFICATION & ACKNOWLEDGEMENT

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN & SUBMIT APPLICATION**

*I hereby certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that knowingly making a false statement or omission in this application or in any supplemental information or document I submit for consideration may be deemed sufficient cause for rejection of this application or dismissal after employment.*

*I understand that all job offers are contingent upon satisfactory completion of any and all pre-employment testing or screening, which Sandoval County may require, including reference and background checks, medical examinations, physical agility tests and alcohol and drug screening.*

*I understand that, if hired, I will be required to provide documented proof of authorization to work in the United States through completion of a Form I-9 as required by federal law, as well as proof of required licenses, certifications, registrations and transcripts to support listed education, licensure or certification for which consideration is requested to establish fulfillment of minimum job qualifications.*

*If I am employed by Sandoval County, I agree to comply with all applicable federal, state and County rules, regulations, policies and procedures now in existence or later adopted. I understand that rules, regulations, policies and procedures may be amended at any time, with or without notice, and with or without negotiation (except as otherwise provided by a collective bargaining agreement, if applicable).*

*I understand that no interviewer, hiring supervisor, human resources employee or other representative of Sandoval County other than the County Manager has any authority to promise specific compensation or condition of employment or enter into any agreement for employment for any specified period of time.*

*By my signature below, I hereby certify my application for employment and acknowledge my understanding and acceptance of the conditions of employment stated above.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name (Please Print) \_\_\_\_\_

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

*I hereby authorize Sandoval County to obtain any and all information related to my work record, driving record, educational records, criminal background and personal and/or professional references, which it deems necessary to process my application for employment. I authorize Sandoval County to obtain information necessary for consideration of my application for employment from current or former employers or individuals or organizations listed in my application.*

*I understand that the information released is for official use by Sandoval County and that it is utilized only in determining my suitability for employment.*

*I understand that the execution of this release is voluntary. However, if Sandoval County is unable to secure the requested information, I understand that my application for employment may not continue to be processed.*

*I have read and understand the above statement.*

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Full Name* \_\_\_\_\_

*(Print)*

# Sandoval County

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Sandoval County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**THIS FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.**

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Gender Identification (check one):  Female  Male

Race/Ethnic Identification (check one):

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check “Hispanic or Latino” above, please select one of the race/ethnic identifications below:

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- Decline self-identification.**

Veteran’s Group (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Non-Vietnam Era Veteran</b>          | <input type="checkbox"/> <b>Vietnam Era Veteran</b>          |
| <input type="checkbox"/> <b>Disabled Non-Vietnam Era Veteran</b> | <input type="checkbox"/> <b>Disabled Vietnam Era Veteran</b> |
| <input type="checkbox"/> <b>Veteran’s Widow-Widower</b>          | <input type="checkbox"/> <b>Not a Veteran</b>                |

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date