

SANDOVAL COUNTY APPLICATION FOR EMPLOYMENT

1500 Idalia Road, Building D, P.O. Box 40, Bernalillo, NM 87004

Phone (505) 867-7505 Fax (505) 867-9365 www.sandovalcountynm.gov

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age or disability.

ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY.

	(Flease Frint)			
Position(s) Applied for:		Date of Application		
How Did You Learn About this Position?				
now Did Tod Dourn Hoodt tins Fosition.				
□Advertisement □Employment □Agency	□Friend □Relative □	□Walk-In □Other_		
Last Name	First Name	N	liddle	
Address Number Street	City		State	Zip
Address Number Street	City		state	Zīp
Telephone Number(s)	S	ocial Security Number		
Driver's License Number and State				
Driver's License runnber and State				
Have you ever had your Driver's License rev	voked or suspended?		.□Yes	\Box No
Do you possess a Commercial Driver's Licen	se (CDL)?	••••••	⊔Yes	□No
State: Class/Type:	License #:			
Are you eighteen (18) years of age or older?			□Ves	□No
The you eighteen (10) years of age of older :				
Are you eligible to work in the United States	9		□Ves	□No
Federal law requires that you must be a U.S. citizen, a legal per				
the U.S. You will be required to provide documented proof that yo	u are legally allowed to work in the	United States by the first day of	of work.	
Do you now, or have you previously worked		•••••	.⊔Yes	□No
If YES, provide Date(s):	Position(s):			
Are you related to a Sandoval County emplo	vee or Elected Official?		.□Yes	□No
	Relationship(s):			
	-			
Have you been employed under any other na	me?		□Yes	\Box No
If YES, please list:				
Are you reaciving retirement pension from D	ED A 9		□Yes	□No
Are you receiving retirement pension from P (PERA = New Mexico Public Employees Retirement				
(1 EXX - New Mexico I done Employees Retifement	135001ati011)			

EDUCATION AND TRAINING

Do you have a High School Diploma?	□Yes	□No	Highest Grade	
Or a G.E.D Certificate?	□Yes	□No	Completed	

UNDERGR	ADUATE	GRADUATE			
College or University		College or University			
Major Field(s)		Major Field(s)			
Hours Completed:		Hours Completed:			
Semester	Quarter	Semester	Quarter		
Degree(s) received:		Degree(s) received:			

License/Certificate Issued by:			
Field/Trade/Specialization:	License/Certificate #:	Issue Date:	Expire. Date:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.						

Describe any job-related training received in the United States military.

Application must be completed in its entirety. Resumes may be attached as supplemental information, but will not be accepted in lieu of a completed application. Indicating *"See attached resume"* in lieu of completing the Employment Experience section as required will cause your application to be rejected. Applications must be submitted directly to the Sandoval County <u>Human Resources Office</u> by 5:00 p.m. on the advertised closing date.

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		Work Performed
		From (M/Y)	To (M/Y)	(Please identify key functions.)
Address				
Telephone Number(s)		Hourly Ra	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Er	mployed	Work Performed
		From (M/Y)	To (M/Y)	(Please identify key functions.)
Address				
Telephone Number(s)		Hourly Ra	ate/Salary	
		Starting	Final	7
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	(Please identify key functions.)
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	7
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	(Please identify key functions.)
Address				
Telephone Number(s)		Hourly Ra	ate/Salary	
		Starting	Final	-
Job Title	Supervisor			
Reason for Leaving	1	I	L	
If you r	and additional space pla	asa continua on a s	oparate sheet	t of nanor

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

List professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

SPECIAI	LIZED SKI	LLS				(CH)	ECK SK	ILLS/EQU	IPMENT	(OPERATED)
□PC	□Fax Ma	chine	□Туреѡ	riter	□Terminal	□Data I	Entry	□Sprea	dsheet	□Scanning
□Excel	□Interr	net [□Access		rosoft Word	□Pc	ower Po	oint	□Word	l Perfect
□GIS	□GPS	□We	b Design	□Mici	ro/Film	□Other_				
	Trailer	□Com	pactor	□Grader		ler 🗆	Tande	m Truck		Scraper

JOB RELATED SKILLS			
Check the appropriate boxes if you	SPEAK	READ	WRITE
ENGLISH	🗆		
SPANISH			
NAVAJO	🗆		
AMERICAN INDIAN DIALECT			□ Which Dialect?
OTHER			

State any additional information you feel may be helpful to us in considering your application.

PROFESSIONAL REFERENCES

This application must be filled out completely including references. Do not use friends or relatives as references.

1	()		
Name			Phone #	
Address				
	,	,		
2	()		
Name			Phone #	
Address				
3	()		
Name			Phone #	
Address				

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):			
	Non-Vietnam Era Veteran		Vietnam Era Veteran
	Disabled Non-Vietnam Era Veteran		Disabled Vietnam Era Veteran

Veteran's Widow-Widower

Not a Veteran