

SANDOVAL COUNTY APPLICATION FOR EMPLOYMENT Equal Opportunity / Reasonable Accommodation Employer

1500 Idalia Road, Building D, P.O. Box 40, Bernalillo, NM 87004 (505) 867-7505 www.sandovalcountynm.gov

It is our policy to abide by all federal and state laws prohibiting employment discrimination. We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, spousal affiliation, gender identity, ancestry, serious medical condition, veteran status or other protected characteristic except where a reasonable Bona Fide Occupational Qualification exists.

APPLICATIONS MUST BE FILLED OUT COMPLETELY & RETURNED <u>DIRECTLY</u> TO THE HUMAN RESOURCES OFFICE (Please Print)

Position Applied for (Please provide Job Title & Job Posting Number.) Date of Application					(Please Print	•)			
Web Page Print Ad Agency Friend Relative Walk-In Other Last Name First Name Middle Mailing Address Number Street City State Zip Telephone Number(s) Email address: Individuals who may require reasonable accommodation under The American With Disabilities Act in the application and testing process are encouraged to complete a Reasonable Accommodation Form available from the Human Resources Department. Have you ever had your Driver's License revoked or suspended? Yes No Do you possess a Commercial Driver's License (CDL)? Yes No State: Class/Type: Are you eighteen (18) years of age or older? Yes No Are you authorized to work in the United States? Yes No Federal law requires that you must be a U.S. citizen, a legal permanent resident, or an allen authorized by the United States Immigration Service to work in the U.S. You will be required to provide documented proof that you are legally allowed to work in the United States on the first day of work. Do you now, or have you previously worked for Sandoval County? Yes No If YES, provide Date(s): Position(s): Are you related to a Sandoval County employee or Elected Official? Yes No If YES, list Name(s): Relationship(s):	Position Applied	for (Please pro	vide Job Title	& Job Postii	ng Number.)	I	Date of Application		
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Are you eighteen (18) years of age or older?		a Commerci	ial Driver's	License (C	CDL)?			Yes	No
Are you authorized to work in the United States?	State:	Class/T ₂	уре:						
Are you authorized to work in the United States?	Ara you aightaa	n (19) voors	of aga or o	ldor?				Vac	No
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Are you related to a Sandoval County employee or Elected Official? Yes No Relationship(s): Relationship(s):		I)	,,				
Are you related to a Sandoval County employee or Elected Official? Yes No Relationship(s): Relationship(s):	•		eviously wo			unty?		Yes	No
If YES, list Name(s): Relationship(s):	If YES, provide Dat	te(s):		Posit	tion(s):				
If YES, list Name(s): Relationship(s):	Are you related	to a Sandov	al County e	mplovee o	r Elected Of	ficial?		Yes	No
Have you been employed under any other name? Yes No	*		ar county c	_ * ·				105	110
Have you been employed under any other name? Yes No								***	
	Have you been e <i>If YES, please list:</i>	employed un	ider any oth	er name?				Yes	No

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 Job Duties / Responsibilities section as required will cause your application to be rejected. Applications must be submitted directly to the Sandoval County <u>Human</u> Resources Office by 5:00 p.m. on the advertised closing date.

Are you receiving retirement pension fro (PERA = New Mexico Public Employees Retiren				Yes	s No	
Are you available to work: Full Time	Part Time	Shift Work	Temporary	As Nee	eded Basis?	
ED	UCATION A	ND TRAINI	NG			
Do you have a High School Diploma?	Yes	No	Highest Grad	le Compl	eted	
Or a G.E.D Certificate?	Yes	No				
UNDERGRADUATE			GRADU	ATE		
College or University		College or Unive				
Major Field(s)		Major Field(s)				
Hours Completed:		Hours Completed	d:			
Semester Quarter		Semester		Quarter	ter	
Degree(s) received:		Degree(s) receive	ed:			
Field/Trade/Specialization:	License/Ce	ertificate #:	Issue Date	e:	Expire. Date:	
IN ORDER TO ESTABLISH FULFILLMENT CANDIDATES WILL BE REQUIRED TO PROPERIORS OF THE PROPERIOR OF THE STATE OF	VIDE DOCUMENT L HIGH SCHOOL ISTED EDUCATIO ATES WILL ALSO	TED PROOF OF REDIPLOMA, G.E.D. ON FOR WHICH CONDERS IN THE REQUIRED IN	EQUIRED LICENS CERTIFICATE OF ONSIDERATION I	SES, CERTI R TRANSC IS REQUES	IFICATIONS AND CRIPTS FROM AN STED. PROOF OF	

Start with your present or last position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

1. Present or Last Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time F	Part time
	If Part time, provide hour	rs per week worked:
Telephone Number(s)	Hourl	y Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO Employees Supervised (number and type: clerical, professional., technical,	How Long? year temporary):	rs months
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction, other):
What was your reason for leaving?		
Job Duties / Responsibilities		

(Continued)

Describe your last position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

2. Present or Last Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time I	Part time
	If Part time, provide hour	rs per week worked:
Telephone Number(s)	Hourl	y Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO Employees Supervised (number and type: clerical, professional., technical	How Long? year , temporary):	rs months
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction, other):
What was your reason for leaving?		
Job Duties / Responsibilities		
-		

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

3. Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time l	Part time
	If Part time, provide hou	rs per week worked:
Telephone Number(s)	Hour	ly Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO	How Long? year	rs months
Employees Supervised (number and type: clerical, professional., technical,	temporary):	
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction, other):
What was your reason for leaving?		
Job Duties / Responsibilities		

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

4. Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time l	Part time
	If Part time, provide hou	=
Telephone Number(s)		y Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO	How Long? year	rs months
Employees Supervised (number and type: clerical, professional., technical,	temporary):	
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction, other):
What was your reason for leaving?		
Job Duties / Responsibilities		
-		

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

5. Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time	Part time
Telephone Number(s)	If Part time, provide hours per week worked: Hourly Rate/Salary	
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO	How Long? yea	rs months
Employees Supervised (number and type: clerical, professional., technical	l, temporary):	
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction, other):
What was your reason for leaving?		
Job Duties / Responsibilities		
300 Duties / Responsibilities		

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

6. Position Held	JOB TITLE:	
Employer	Date	es Employed
	From (Month & Year)	To (Month &Year)
Address		
	Full Time l	Part time
	If Part time, provide hou	
Telephone Number(s)		y Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO Employees Supervised (number and type: clerical, professional., technical,	How Long? year	rs months
Employees Supervised (number and type, ciercal, professional, technical,	temporary).	
Do you have Project Management Experience? YES NO	Type(s) of projects (IT,	construction other):
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What was your reason for leaving?		
Job Duties / Responsibilities		

TO LIST ADDITIONAL EMPLOYMENT HISTORY, PLEASE REQUEST A SUPPLEMENTAL SHEET.

List professional	trade husiness c	 vr civic organiza	tions and activities a	 and offices held.	
List proteoman,	Haue, Dubiness 5	I CIVIC OI Summer	JUIIS and activities	III UIIICO IICIG.	
	\mathbf{A}	DDITIONAL	INFORMATION	٧	
SPECIALIZED S	KILLS		(CF	HECK SKILLS/EQUIPM	ENT OPERATED)
Computer	Fax Machine	Multi-line Pho		Data Entry	Spreadsheet
Excel	Internet	Access	Microsoft Word	Power Point	Word Perfect
GIS	GPS	Web Design	Other		
Tractor/Trailer	Compactor	Grader	Loader	Tandem Truck	Scraper
JOB RELATED SI	KILLS				
Check the appropria	ate boxes if you	SPEAK	READ WRITE		
SPANISH NAVAJO					
AMERICAN INDIA				Which Dialect?	
OTHER				WillCii Diaicci.	
OTTILIT	••••	•••••			
State any addition	ıal information y	ou feel may be h	nelpful to us in consid	dering your applicat	tion.
	PROFI	ESSIONAL / V	WORK REFERE	NCES	
This application m	_		ing references. <mark>Do not</mark>		s as references.
1					
Name			<u></u>	Phone #	
Address					
2			_		
Name			P	Phone #	
Address					
3					
Name			P	Phone #	
Address					

Sandoval County

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 I must immediately disclose any conflict or potential conflict of interest to Sandoval County when such conflict arises.

I understand and agree that, if hired into a classified position, I am required to serve a trial probationary period of three hundred sixty five (365) calendar days during which I will be an "at will" employee and subject to termination for any or no reason, at any time, and with or without notice as deemed by the County to be in its best interests, as long as it is not for any reason prohibited by law. Notwithstanding the expiration of three hundred sixty five (365) days, I will continue in probationary status until the Division Director or Elected Official certifies in writing that I have successfully completed probation in accordance with Sandoval County Personnel Rules & Regulations. I understand that if I am discharged during the probationary (trial) period, my eligibility for reemployment with Sandoval County will be subject to eligibility requirements as defined in the Personnel Rules & Regulations that are in force at the time of application.

I understand that Sandoval County makes no promise of permanent or continued employment. I understand that all positions are subject to elimination through the budget process, and I further understand that if I become a classified employee I am subject to disciplinary action up to and including dismissal for violations of Federal, State and County rules and regulations currently in force at the time.

I understand and agree that if I am hired into an unclassified or temporary position I will be an "at-will" employee and as such, will be subject to termination for any or no reason, at any time, and with or without notice as deemed by the County to be in its best interests, as long as it is not for any reason prohibited by law.

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)	



Sandoval County

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Sandoval County to obtain any and all information not record, driving record, educational records, criminal background and pedeems necessary to process my application for employment. I authorize necessary for consideration of my application for employment from current or organizations.	rsonal and/or professional references, as it zee Sandoval County to obtain information
I understand that the information released is for official use by Sando determining my suitability for employment.	oval County and that it is utilized only in
I understand that the execution of this release is voluntary. However, is requested information, I understand that my application for employment m	
I have read and understand the above statement.	
Signature	
Full Name(Print)	
Job applied for	
Job Posting Number	



Sandoval County CERTIFICATION OF VETERAN'S STATUS

TO RECOGNIZE VETERAN STATUS THIS FORM MUST ACCOMPANY YOUR JOB APPLICATION

The purpose of this form is to allow job applicants the opportunity to identify themselves as veterans and certify their status as a veteran who has an honorable discharge from the military, or to verify that they are a member of the National Guard or Reserve who has successfully completed basic training.

A veteran who has certified/verified their status, AND is determined by Sandoval County Human Resources to meet or exceed the Minimum Qualifications as identified in the position for which the applicant has applied, shall be identified as a qualified veteran on the hiring list. If there are more than four qualified veteran applicants for a position, a minimum of four veterans shall be interviewed.

NAME (Please print): _____ JOB REQ # ____

ADDR	ESS:	PHONE:		
EMAI	L:	PHONE;		
I AM	APPLYING FOR (Position Title):			
PLEA	ASE COMPLETE THE FOLLOWING:			
1.	Have you ever served in the United States Military, Nati	ional Guard or Reserve?	YES	NO
2.	Did you receive an honorable discharge?		YES	NO
3.	Are you a member of the National Guard or Reserve whe Completed basic training?	no has successfully	YES	NO
4.	Attach a copy of your DD214 or DD215 Form and/o enlistment to certify your veteran status.	r proof of your Active, Gu	ıard or l	Reserve
	e ensure your job application clearly indicates your milita nsibilities as well as any education/training experience.	ry experience including job	duties ai	nd/or
interv	oval County does not guarantee that a veteran will be hired for a positio iew pursuant to the conditions stated above for positions for which they me entified in the Job Posting. Please call Human Resources at (505) 867-7505	et or exceed the Minimum Qualificat		
Sign	ature	Date		

Job Post #	
Hire Date:	
Term:	

Sandoval County

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Sandoval County provides equal employment opportunity to all employees and applicants for employment without regard without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic in accordance with applicable State and Federal law.

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 County invites applicants and employees to voluntarily self-identify their race/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.

If an employee declines to self-identify race/ethnicity, the federal government requires Employers to determine this information by relying on visual identification and/or other available post-employment records.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the categories identified below; data will not identify any specific individual. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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

Name (L	ast, Firs	t, MI):			
Position	(s) for wh	nich you are appl	ying		
Gender		Female		Male	
What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.					
□ His	panic o	r Latino – A perso	n of Cuba	n, 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 categories below:					
	White (1	Not Hispanic or L	atino) –	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
	Black or	r African America	ın (Not l	Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.	
		Hawaiian or Other or other Pacific Isla		Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam,	
	`	inent, including fo	,	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian le, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and	
				e (Not Hispanic or Latino). A person having origins in any of the original peoples of North and South a), and who maintain tribal affiliation or community attachment.	
	Two or	More Races (Not	Hispani	c or Latino) – All persons who identify with more than one of the above five races.	
	Decline	self-identification			
				REV 2017	