

# VALENCIA COUNTY

P.O. BOX 1119, 444 Luna Avenue, Los Lunas, New Mexico 87031

Phone: 505.866.2021, Fax: 505.866.3366

www.co.valencia.nm.us

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

NAME - Last	First	Initial	Home Phone:
ADDRESS - Street	Mailing		Business or Message Phone
City	State	Zip Code	Please list any different name you have used for school or employment

### EACH POSITION YOU APPLY FOR REQUIRES A SEPARATE APPLICATION

POSITION APPLIED FOR - Give exact title.

1. Title
2. Do you have a valid driver's license?: Class A B C D Other State issued in: Number: Yes <input type="checkbox"/> No <input type="checkbox"/> (Circle class letter)
3. Have you previously worked or do you now work for Valencia County? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates: Employment records for former and current County employees will be made available to hiring officials upon request.
4. Does Valencia County employ any relative of yours? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, (1) Name: _____ (2) Name: _____ Relationship: _____ Relationship: _____

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.

If high school/ged or college education is required, attach a copy of your diploma, degree or appropriate transcripts to each application.

Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required attachments. **DO NOT** submit a résumé in lieu of this application. Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

**THE SELECTION PROCESS.** Upon the closing date of the announcement, the Human Resources Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the interviewing official. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

NAME - Last		First		Initial	
<b>EDUCATION, LICENSES, CERTIFICATIONS</b> Check (✓) and fill in appropriate areas			High School Graduate/GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>ATTACH A COPY OF DIPLOMA OR CERTIFICATE</b>		
<input type="checkbox"/> Vocational/Technical	Hours Completed	<input type="checkbox"/> Business College	Hours Completed		
<input type="checkbox"/> School - Major Field		<input type="checkbox"/> Major Field			

**COLLEGE OR UNIVERSITY**

<b>UNDERGRADUATE</b>		<b>GRADUATE</b>	
School(s)		School(s)	
Major Field(s)		Major Field(s)	
Degree Earned	Date of Degree	Degree Earned	Date of Degree

**LICENSE OR CERTIFICATE**

1. License/Certificate issued by				2. License/Certificate issued by			
Field/Trade Specialization	Number	Date Issued	Exp. Date	Field/Trade Specialization	Number	Date Issued	Exp. Date

**NOTE: You MUST SUBMIT** required documents (copy of transcript, license, certificate) with each application.

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

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<b>SHERIFF AND/OR DETENTION APPLICANTS ONLY</b>	
Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number _____	Driver's License Number _____ State _____
Are you willing to submit to a full background investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to a drug and alcohol screening? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to psychological testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**NOTE:** The information requested below regarding ethnicity, gender, age, veteran and disability status is **VOLUNTARY**, but is needed to assure compliance with reporting requirements of Federal Equal Employment Opportunity laws. Your cooperation is appreciated. This data will be kept in a **CONFIDENTIAL** file separate from the application for employment. It will not be seen by the interviewer.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

<b>DATE OF BIRTH:</b> Mo. Day Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>GENDER:</b> M= Male F = Female <input type="checkbox"/>
<b>VETERAN STATUS:</b> (Check all that apply) <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Era <input type="checkbox"/> Disabled <input type="checkbox"/> Active (Reserve/NG)	<b>ETHNICITY INFORMATION:</b> <input type="checkbox"/> A = Anglo B = Black P = Pacific Islander H = Hispanic O = Other I = American Indian

NAME - Last	First	Initial
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EMPLOYMENT HISTORY - A résumé will not be accepted in lieu of the employment application. Begin with current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

<b>1</b>	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$	
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS          MONTHS
Reason for Leaving:				

<b>2</b>	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$	
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS          MONTHS
Reason for Leaving:				

<b>3</b>	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
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Employer's Address	Street/Mailing	Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____	Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)	Place of employment (City and State) if different from employer's address	
Duties:		
		<b>DO NOT WRITE IN THIS AREA</b>
		YEARS          MONTHS
Reason for Leaving:		

**FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET**

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?  YES  NO

If NO, explain: \_\_\_\_\_

List three professional references (Other than former employers or relatives) List Only those you will permit us to contact.

NAME	ADDRESS	PHONE	PROFESSIONAL RELATIONSHIP
1.			
2.			
3			

**SIGNATURE** ~ Please read before signing

<p><b>I hereby certify</b> that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize Valencia County to investigate the information contained herein and contact those previous employers I have approved.</p> <p>Sign Here in Ink _____ Date _____</p>
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**FOR USE BY HUMAN RESOURCES OFFICE**

Experience: \_\_\_\_\_

Education: \_\_\_\_\_

Comments: \_\_\_\_\_

ACCEPTED  REJECTED  Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTINUATION SHEET FOR EMPLOYMENT HISTORY

	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Current or Last Hourly Pay \$	
Hours per week: _____				
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS          MONTHS
Reason for Leaving:				

	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Current or Last Hourly Pay \$	
Hours per week: _____				
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)		Place of employment (City and State) if different from employer's address		
Duties:				
				<b>DO NOT WRITE IN THIS AREA</b>
				YEARS          MONTHS
Reason for Leaving:				

## RELEASE OF INFORMATION FORM

Applicant: I give all prior employers permission to release to Valencia County information in my personnel file regarding the following areas of my previous employment.

[Please specify some or all]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Date of Hire                | <input type="checkbox"/> Date of Termination                  | <input type="checkbox"/> Beginning Salary  |
| <input type="checkbox"/> Ending of Salary            | <input type="checkbox"/> Attendance Records                   | <input type="checkbox"/> Tardiness         |
| <input type="checkbox"/> Vacation Time               | <input type="checkbox"/> Sick Leave Time                      | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Performance Evaluations     | <input type="checkbox"/> Disciplinary and Termination Records |  |
| <input type="checkbox"/> Workers' Compensation Leave |   |  |

I hereby release and discharge all prior employers from all claims or actions for loss, liability, damage, or expense which I now have or which may hereafter arise from the making of any inquiries about me or the furnishing of any information about me in connection with my application for employment with Valencia County.

Name: \_\_\_\_\_ Date: \_\_\_\_\_