



Please complete this application in full. A resume may be attached to supplement, but not in lieu of requested information.

Do you have a High School Diploma or G.E.D. Certificate?

Yes \_\_\_\_\_ No \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

COLLEGE AND LOCATION	CREDIT HOURS	TYPE OF DEGREE	SEMESTER/QUARTER RECEIVED	DATE DEGREE CONFERRED

PRIMARY UNDERGRADUATE COLLEGE SUBJECTS	CREDIT HOURS	PRIMARY GRADUATE COLLEGE SUBJECT

BUSINESS OR TECHNICAL SCHOOL AND LOCATION	CLASSROOM HOURS	COURSES WORK EMPHASIS	DATE DEGREE CONFERRED

Copies of Post-Secondary transcripts, licenses or certifications are required when degree, licenses or certifications are identified as requirements in the vacancy posting or advertisement.

Valid New Mexico Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Class \_\_\_\_\_  
 Professional/Trade License: Year Issued \_\_\_\_\_ still current? Yes \_\_\_\_\_ No \_\_\_\_\_

List any business machines or equipment, commercial vehicles, heavy road equipment or other road construction equipment you are qualified and experienced to operate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other non-academic education, training or certificates/licenses that you possess related to this job (e.g. public speaking, honor received, publications, memberships in professional organizations, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYMENT HISTORY

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Please fill in all blanks. Do not use relatives.

NAME	YEARS KNOWN	ORGANIZATION WHERE REFERENCE IS EMPLOYED	ADDRESS

PERMISSION IS GRANTED TO CONTACT THE PERSONAL REFERENCES LISTED ABOVE: YES \_\_\_\_\_ NO \_\_\_\_\_

Are you willing to submit to a full background investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to submit to a drug and alcohol screening? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to undergo various physical agility test and submit to a full physical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

READ CAREFULLY BEFORE SIGNING.

I UNDERSTAND AND AGREE THAT:

I hereby certify 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 participation in the Explorer program, and may be dismissed from the program. I hereby authorize Valencia County to investigate the information contained herein and contact those previous employers I have approved, and the person(s) I have listed as personal references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date