



SANDOVAL COUNTY APPLICATION FOR EMPLOYMENT

711 Camino Del Pueblo, P.O. Box 40, Bernalillo, NM 87004 (505) 867-7505

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

ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY.

(Please Print)

Position(s) Applied for:		Date of Application			
How Did You Learn About this Position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____					
Last Name		First Name	Middle		
Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		
Driver's License Number and State					

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: License #:

Are you eighteen (18) years of age or older?..... Yes No

Are you eligible to work in the United States?..... Yes No
(If you are selected for the position, you will be required to furnish proof of your eligibility)

Have you been convicted of a felony?..... Yes No
(If YES, please explain in detail, including dates, on a separate sheet of paper and attach)
(NOTE: Convictions will not necessarily disqualify an applicant from employment)

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):

Have you been employed under any other name?..... Yes No
If YES, please list:

Are you available to work: Full Time Part Time Shift Work Temporary As Needed Basis

EMPLOYMENT 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	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
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.

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

RELEASE OF INFORMATION

I hereby authorize Sandoval County to obtain information related to my work record, driving record, criminal background, and credit records, which 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 individual or listed organizations.

Incomplete applications will not be accepted.

I have read and understand the above statement.

Signature _____

Date _____

Full Name _____

(Print)

APPLICANT'S STATEMENT

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sandoval County.

Your application for employment will remain on file for a period of one year and may be considered for other open positions. However, you must notify the Personnel Office to pull your application.

Signature _____

Date _____

Full Name _____

(Print)

**SANDOVAL COUNTY AFFIRMATIVE ACTION
VOLUNTARY SURVEY**

We are required to comply with Federal/State Equal Employment and statistical record keeping requirements. We are asking your cooperation in providing the following information.

Providing this information is voluntary and will be kept confidential and separate from the Application for Employment.

Position Applied for: _____ Date: _____

Please Check One: Male Female

Please Check One: White, Not Hispanic
 Hispanic
 Native American Indian
 African American (Black)
 Asian American

Please Check if Any Apply: Vietnam Era Veteran
 Disabled Veteran