



# 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)

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)

# VOLUNTARY EEO SELF-IDENTIFICATION FORM

Sandoval County is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist Sandoval County in complying with required government recordkeeping and reporting requirements as well as affirmative action obligations, if applicable. The information is not part of employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information please complete the following:

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

Title of job/position applied for: \_\_\_\_\_

**SEX (check one):**

Male

Female

**RACE/ETHNICITY (check one):**

**White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

PERSONAL AND CONFIDENTIAL