"Unidos Aqui Para La Gente"

Equal Opportunity Employer

Santa Fe County Human Resources

www.santafecounty.org

505-992-9880 - 949 W. Alameda, Santa Fe, NM 87501

APPLICATION FOR EMPLOYMENT

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. Please type or print. Read the recruitment announcement carefully for the position which you are applying. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. When completing Employment History section, begin with current or most recent job or volunteer experience. If more than one position has been held with the same employer, list each separately. Under "duties" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

- Resumes are not accepted in lieu of the application.
- We only accept applications for current job openings.
- If high school diploma or GED, college education or any other licenses or certifications are required, a copy must be submitted.
- Each position you apply for requires a separate application
- All applications must be received by the Human Resources Division no later than 5:00 pm on the listed closing date.

Santa Fe County is an Equal Opportunity Employer

It is the policy of Santa Fe County to ensure equal employment opportunity to all persons regardless of race, color, age, physical or mental handicap, sex, national origin, ancestry, religion, serious medical condition, sexual orientation, gender identity, or political affiliation.

Position Title	**Job Number**

PERSONAL INFORMATION

Name - Last	**First**	**Initial**	**Home Phone**
Street Address			**Business or Message Phone**
City	**State**	**Zip**	**Please list any different name you have used for school or employment**
Email Address			

Do you have a valid driver's license?: Yes ☐ No ☐ **Class A B C D Other** **State issued in** **Number** **Expiration**

Only U.S. citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment provide legitimate documentation establishing your identity and eligibility to be legally employed in the United States? YES ☐ **NO** ☐

Have you previously worked, or do you now work, for Santa Fe County? Yes ☐ No ☐ **If yes, provide dates below**

Does Santa Fe County employee any relative(s) of yours? Yes ☐ No ☐ **If yes, provide name and relationship below**

Name: **Name:**

Relationship: **Relationship:**

How did you find out about this position?

Newspaper: ☐ **Please specify which newspaper**

Internet: ☐ **Word of mouth:** ☐ **Santa Fe County Employee:** ☐

If you checked Santa Fe County employee, please provide the employee's name below.

Santa Fe County Employee's Name:	**Other:**

EDUCATION AND TRAINING

1. License/Certificate issued by:				High School Graduate/GED Certificate? Yes ☐ No ☐ **(Please attach copy of high school diploma or college transcripts)**
Field/Trade Specialization	Number	Date Issued	Exp. Date	**UNDERGRADUATE** School(s)
				Major Field(s)
				Degree Earned Date of Degree
2. License/Certificate issued by:				**GRADUATE** School(s)
Field/Trade Specialization	Number	Date Issued	Exp. Date	Major Field(s)
				Degree Earned Date of Degree

EMPLOYMENT HISTORY

1	**Employer's Name**	**Type of Business**	**From (Mo/Yr)**	**To (Mo/Yr)**
Employer's Address Street City State				**Supervisor's Name and Telephone Number**
Your Job Title		**Check (✓) one:** ☐ **Full-time** ☐ **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:				
Reason for Leaving:				
OFFICIAL USE ONLY			**YEARS**	**MONTHS**

2	Employer's Name	Type of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street City State				Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: ☐ Full-time ☐ 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:				
Reason for Leaving:				
OFFICIAL USE ONLY YEARS MONTHS				

3	Employer's Name	Type of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street City State				Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: ☐ Full-time ☐ 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:				
Reason for Leaving:				

OFFICIAL USE ONLY	YEARS	MONTHS

MAY WE CONTACT THE EMPOYERS LISTED ABOVE? ☐ YES ☐ NO
IF NO, PLEASE EXPLAIN:

REFERENCES

List three professional references (other than relatives) that you will permit us to contact.

NAME	ADDRESS	PHONE	PROFESSIONAL RELATIONSHIP
1.			
2.			
3.			

SIGNATURE - Please read before signing

I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation, falsification or omission, my application will be rejected, I may be dismissed if employed and my name removed from consideration for employment. I hereby authorize Santa Fe County to investigate the information contained herein, regardless of when or how discovered, and contact those previous employers I have approved.

I have attached proof of education to include high school diploma or GED certificate, college degree and any other licenses or certifications.

Sign Here in Ink **Date**

FOR USE BY HUMAN RESOURCES OFFICE USE ONLY

Experience: _____

Education: _____

Comments: _____

ACCEPTED ☐ REJECTED ☐ Staff: _____ Date: _____

CONTINUATION SHEET FOR EMPLOYMENT HISTORY

4	Employer's Name	Type of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street City State				Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ 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:				
Reason for Leaving:				
OFFICIAL USE ONLY YEARS MONTHS				

5	Employer's Name	Type of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address Street City State				Supervisor's Name and Telephone Number
Your Job Title	Check (✓) one: ☐ Full-time ☐ 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:				
Reason for Leaving:				
OFFICIAL USE ONLY YEARS MONTHS				

VOLUNTARY INFORMATION

AFFIRMATIVE ACTION FORM

Santa Fe County is a government agency that complies with all government regulations and affirmative action responsibilities. This form is to assist the Santa Fe County HR with government record keeping, reporting, and other legal requirements. This form is voluntary and the information will not affect any consideration you may receive for employment or later advancement in employment. We appreciate your cooperation.

6	**Sex:** **Male** ☐ **Female** ☐	**Veteran:** ☐ **Non-Veteran:** ☐
	Race/Ethnicity: ☐ **Hispanic or Latino** ☐ **White** ☐ **Black or African American** ☐ **Pacific Islander** ☐ **Asian** ☐ **American Indian or Alaska Native** ☐ **Two or More Races**	

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquires may be requested by Santa Fe County pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that Santa Fe County may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I also release and hold harmless all of my previous employers and Santa Fe County from any liability that may potentially result from the release or use of such information.

I acknowledge that a facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following information is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First Name	Middle Name

Applicant's Signature	Driver's License Number and State
Social Security Number	**Date of Birth**