

SANTA FE COUNTY

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www.co.santa-fe.nm.us



SANTA FE COUNTY EMPLOYMENT APPLICATION CONTINUATION SHEET FOR EMPLOYMENT HISTORY

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

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