



County of San Miguel
Human Resource Department
500 West National, Suite 202
Las Vegas, New Mexico 87701
(505) 425-1557

Employment Application

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements in completing this application or during the interview process are grounds for terminating the process or, if discovered after employment, will be cause for termination. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Qualified applicants may request affirmative action hiring. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on County policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the County.

The County of San Miguel will conduct a driver's license check on all applicants for employment. This check will be compared with the application to ensure that applicants have listed all traffic citations on their application for employment.

Any applicant for employment, who has been convicted on a DWI within the last five years, will not be considered for employment with the County of San Miguel.

If you require special accommodations in the application or testing process because of a disability, please call (505) 425-1557.



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PERSONAL DATA

Name: Last	First	Middle Initial	Social Security Number (Voluntary Information)
Present Address			Home Phone Number
Mailing Address			Work or Business Phone Number
City	State	Zip Code	
Have you ever used a different name for school or employment <input type="checkbox"/> YES <input type="checkbox"/> NO If YES what was the different name?		Are you a Veteran? If you are please supply appropriate discharge status. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position(s) are you applying for?			
1.			
2.			
Date available for employment:	Employment Desired <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	May we contact present or previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

Please check the highest grade completed:									
7	8	9	10	11	12	13	14	15	16+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of High School and location	From month & Year	To month & Year	Certificate (GED) or diploma received						
Name of Vocational Technical Institute and location	From month & Year	To month & Year	Certificate, diploma or degree received						
Name and location of College or University	From month & Year	To month & Year	Certificate, diploma or degree received						
Other									

JOB RELATED SKILLS

Check the appropriate boxes if you	SPEAK	READ	WRITE	Provide Drivers license information below:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DL#	TYPE	STATE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any current moving violations?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO Please describe:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

List any other skills, licenses or certificates that may be job related or that you feel would be of value to this job:

WORK EXPERIENCE

Name of last or present employer:	Address:	City:	State:
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Employed: From month & Year To month & Year:	Rate of Pay	No. of hours per week:
	Starting rate: per Final rate per	

List job duties and responsibilities:

Name of previous employer:	Address:	City:	State:
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Employed: From month & Year To month & Year:	Rate of Pay	No. of hours per week:
	Starting rate: per Final rate per	

List job duties and responsibilities:

Name of subsequent employer:	Address:	City:	State:
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Employed: From month & Year To month & Year:	Rate of Pay	No. of hours per week:
	Starting rate: per Final rate per	

List job duties and responsibilities:

REFERENCES

Name:	Occupation:	Address	Telephone number:
Name:	Occupation:	Address	Telephone number:
Name:	Occupation:	Address	Telephone number:

Comments:
Please give any additional information, which may more fully describe your interests and qualifications. This space may be used to continue answers to items on the preceding pages. Use additional sheets of paper if necessary.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at anytime during my employment. I authorize the County and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature:

Date: