

# VALENCIA COUNTY

P.O. BOX 1119, 444 Luna Avenue,  
Los Lunas, New Mexico 87031  
Phone: (505)866-2021 Fax: (505)866-3366

www.co.valencia.nm.us

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Last Name		First Name			Middle Name	
Physical Address		Number	Street	City	State	Zip Code
Mailing Address				City	State	Zip Code
Telephone Number (s)				Social Security Number (Voluntary)		

Position Applied For:	Date of Application
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How Did You Learn About Us?

Advertisement    Friend    Inquiry    Employment Agency    Relative    Other \_\_\_\_\_

Have you previously worked or do you now work for Valencia County?  Yes  No  
*Employment records for former and current County employees will be made available to hiring officials upon request.*

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_  YES  NO

Do any of your relatives work for Valencia County?   YES  NO

If yes, state name, relationship and location \_\_\_\_\_

Do you have a valid drivers license?   Yes  No  State issued in: \_\_\_\_\_ DL Class: \_\_\_\_\_ DL Number: \_\_\_\_\_

Are you a Veteran?   Yes  No  If yes, what Branch? \_\_\_\_\_

### EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

### ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job-related training in the U.S. Military.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

## REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

### READ BEFORE SIGNING

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize Valencia County to investigate the information contained herein and contact those previous employers I have approved.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date