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*

E-mail Address	

Telephone Number (s)	*Social Security Number (Voluntary)*

Position Applied For:	Date of Application

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.

_____

_____

Revised 11/20/2017

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: From / To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/ Salary: Starting / Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact ■ Yes □ No	
Employer	Dates Employed: From / To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/ Salary: Starting / Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact □ Yes □ No	
Employer	Dates Employed: From / To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/ Salary: Starting / Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact □ Yes □ 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