



GUADALUPE COUNTY, NEW MEXICO

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

If you require special accommodations to complete this application, call (575) 472-3306

- Application form must be typed or printed legibly using black or blue ink.
- An application: will be accepted only for current advertised vacancies; must be submitted for each advertised vacancy applied for; in order to be considered, must be received by the closing date and time posted in the advertisement.
- Give complete employment information on application. Attach additional sheets if necessary.
- Dates of employment must show both the month and year.
- Any diplomas, certificates and/or licenses required for the position must be attached.
- The completion of this application represents your ability to follow directions and provide written communication.
- An incomplete application and/or lack of appropriate education, licensure or training attachments required for the vacant position will disqualify the applicant.
- Incomplete or illegible applications will not be processed.
- Use exact Guadalupe County job title from the vacancy announcement.
- Sign and date the application and keep a copy for yourself.
- Return completed application to the County Manager
- Use this application to demonstrate how your education, training and experience are relevant to the requirements of the job for which you are applying.

Position Applied For:	County Department:	Closing Date:
Applying for: ____ Full Time ____ 3/4 Time ____ 1/2 Time ____ Split Shift (day/evening) ____ Casual ____ Weekends/Holidays ____ Temporary/Seasonal If part-time, list days and hours available: _____		DATE AVAILABLE FOR WORK _____

PERSONAL DATA

LAST NAME		FIRST	MIDDLE	Social Security #: _____ Disclosure of Social Security number is optional.	
CONTACT INFORMATION	Cell Phone	Work Phone	Home Phone	E-Mail Address:	
ADDRESS		CITY	STATE	ZIP CODE	
DO YOU POSSESS A VALID DRIVER'S LICENSE? ☐ YES ☐ NO					
Driver's License #: _____ State: _____ Expiration Date: _____					
OFFER OF EMPLOYMENT IS CONTINGENT UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE USA.					
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA? ☐ YES ☐ NO					
VISA TYPE (If applicable): _____ VISA # _____					



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HAVE YOU HAD PRIOR NEW MEXICO COUNTY EMPLOYMENT? ☐ YES ☐ NO

If yes, indicate dates, location and position.

If you have a domestic partner, spouse, family members and/or household members who are employed by the Guadalupe County, please list their names and relationship(s) to you.

EDUCATION AND TRAINING*

HIGH SCHOOL/ G.E.D. EQUIVALENCY		____ YES ____ NO	IF NO, INDICATE HIGHEST GRADE COMPLETED	
COLLEGE/ UNIVERSITY		____ YES ____ NO	MAJOR	DEGREE
OTHER SCHOOL(S) OR TRAINING		FIELD OF STUDY:		

* A copy of relevant transcripts, degrees or diplomas **must** be attached.

LIST ALL SPECIAL JOB SKILLS OR QUALIFICATIONS YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.



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EMPLOYMENT HISTORY

PLEASE DESCRIBE YOUR EMPLOYMENT EXPERIENCE STARTING WITH YOUR MOST RECENT POSITION. INCLUDE ANY RELEVANT VOLUNTEER WORK. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SUPPLEMENTAL SHEET AND ATTACH IT TO THE APPLICATION.

1 NAME OF EMPLOYER		ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	PRESENT/FINAL SALARY
CHECK ONE: ☐ FULL TIME ☐ PART TIME		NUMBER OF EMPLOYEES SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
REASON FOR SEPARATION:					



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2 NAME OF EMPLOYER		ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: ☐ FULL TIME ☐ PART TIME		NUMBER OF EMPLOYEES SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
<u>REASON FOR SEPARATION:</u>					

3 NAME OF EMPLOYER		ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: ☐ FULL TIME ☐ PART TIME		NUMBER OF EMPLOYEES SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
<u>REASON FOR SEPARATION:</u>					



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REFERENCES

LIST THREE (3) PEOPLE WHO ARE NOT PREVIOUS EMPLOYERS WHO ARE FAMILIAR WITH YOUR WORK.

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

**PLEASE READ CAREFULLY AND INDICATE YOUR UNDERSTANDING
AND ACCEPTANCE BY SIGNING BELOW**

1. I certify that all statements, information and documents provided by me in connection with my application are true, complete and correct to the best of my knowledge and are submitted in good faith.
2. I understand any false statements, omissions or misrepresentations contained in this application or provided in the interview process may disqualify me for employment consideration or may be cause for termination if hired.
3. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other pertinent information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and I release all such parties from all liability for any damages which may result from furnishing such information to you.
4. I hereby authorize the County of Guadalupe to conduct a thorough background check including but not limited to references, employment records, credit checks, criminal convictions and record. I understand that such background checks will be made only upon final selection for hire and that all information will be kept confidential and released only to authorized individuals.
5. I understand that once my application is submitted it becomes a matter of public record.
6. I understand that disclosure of my social security number (SSN) is optional. The agency to which I am applying may use my SSN for administrative tracking purposes and for identification.

Applicant's Signature	Date

GUADALUPE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



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Employment History – Additional Sheet(s)

4	NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: ☐ FULL TIME ☐ PART TIME		NUMBER OF EMPLOYEES SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
<u>REASON FOR SEPARATION:</u>					

5	NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: ☐ FULL TIME ☐ PART TIME		NUMBER OF EMPLOYEES SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
<u>REASON FOR SEPARATION:</u>					