



## BERNALILLO COUNTY JOB APPLICATION INSTRUCTIONS

Job Hotline 768-4887

**Application Intake Hours:**

**Monday – Friday: 8:00a.m. – 5:00p.m.**

Application form must be fully completed or application will be invalidated.

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE APPLICATION FOR EMPLOYMENT.** If you need assistance in completing the application, please ask the receptionist.

- A. Applications are only accepted for positions posted. **APPLICANTS MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION. COPIES OF APPLICATIONS WITH AN ORIGINAL SIGNATURE WILL BE ACCEPTED.** Indicate the exact position title and posting number on your application
- B. Applicants must submit a Bernalillo County application form. Resumes are to support an application only and will not be processed without a completed Bernalillo County application.
- C. Applications must be typed or written in **black or blue ink**. Be as accurate and legible as possible.
- D. Applicants must provide all relevant information regarding education and work experience, places and dates of employment (month/year), position(s) held, duties and responsibilities, training or academic study and credit hours. Credit for volunteer work will be given if included as part of the employment history section of application.
- E. Applicants applying for positions that require typing must take a typing test and submit the passing results at the time the application is submitted. Contact the NM Department of Labor (DOL) at 841-9300 or the Rio Rancho office at 891-1911 for dates and locations of test. Typing tests are valid for one year.
- F. Copies of transcripts, licenses, and certificates must be submitted with the application when designated as minimum qualification. **THIS DOES NOT INCLUDE TYPING TEST.**

**WE DO NOT MAKE COPIES OR SUPPLY COPIES OF JOB POSTINGS.**

PLEASE COMPLETE THE RELEASE OF INFORMATION FORM ENCLOSED IN PACKET

----- ✂ -----  
**VOLUNTARY INFORMATION SURVEY**

DATE \_\_\_\_\_ JOB POSTING # \_\_\_\_\_

**How did you learn about this position?**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Internet                         | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> Job Hotline                      | <input type="checkbox"/> GOV TV      |
| <input type="checkbox"/> Bernalillo County Bulletin Board | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Outside Organization             |                                      |

# COUNTY OF BERNALILLO

**EMPLOYMENT  
APPLICATION**



**Human Resources Department  
One Civic Plaza NW, 4<sup>th</sup> Floor  
Albuquerque, NM 87102  
Telephone (505) 768-4010  
Job Hotline (505) 768-4887**

## PERSONAL INFORMATION

APPLICANT  
NAME \_\_\_\_\_  
FIRST MI LAST  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP CODE  
TELEPHONE ( ) ( ) ( ) ( )  
AREA CODE HOME AREA CODE BUSINESS

## EMPLOYMENT INFORMATION

**POSTED POSITION FOR WHICH YOU ARE APPLYING:**

\_\_\_\_\_

**POSTING NUMBER** \_\_\_\_\_

- Date Available for Work \_\_\_\_\_
- Minimum Salary Required (Yearly) \_\_\_\_\_
- Are you available to work: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_
- Have you ever been employed by Bernalillo County? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please indicate if under a different name). \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
- Do you have any relatives working for the County? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give name and relationship \_\_\_\_\_
- Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
or a permanent resident? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you are not a U.S. Citizen or permanent resident, do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
- Alien Registration Number \_\_\_\_\_
- Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from consideration for employment.)
- Have you ever had your Driver's License revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
Criminally or Administratively? \_\_\_\_\_

**FOR OFFICIAL USE ONLY  
TEST SCORES**  
Typing: \_\_\_\_\_ Date \_\_\_\_\_  
Law Enforcement: \_\_\_\_\_ by: \_\_\_\_\_  
initiated

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER:** It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, gender, marital status, disability, or handicapped, or any other unlawful criteria, except where a reasonable Bona Fide Occupational Qualification exists.

Please complete this application in full. A resume may be attached to supplement, but not in lieu of requested information.

## EDUCATION AND TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA? OR A G.E.D. CERTIFICATE?		YES ___ NO ___ YES ___ NO ___	HIGHEST GRADE COMPLETED		
<b>COLLEGE, UNIVERSITY or GRADUATE SCHOOL and LOCATION</b>	<b>CREDIT HOURS</b>		<b>Type of Degree Received</b>	<b>Date Degree Conferred</b>	
	Semester	Quarter			
<b>PRIMARY UNDER GRADUATE COLLEGE SUBJECTS</b>	<b>CREDIT HOURS</b>		<b>PRIMARY GRADUATE COLLEGE SUBJECTS</b>	<b>CREDIT HOURS</b>	
	Semester	Quarter		Semester	Quarter
<b>BUSINESS or TECHNICAL SCHOOL and LOCATION</b>	<b>Classroom Hours</b>	<b>COURSE WORK EMPHASIS</b>		<b>Date Degree Conferred</b>	
OTHER					

Copies of transcripts, licenses or certifications are required when degrees, licenses or certifications are identified as requirements in the vacancy posting.

Applicant's Initials \_\_\_\_\_

## SPECIAL SKILLS

### DRIVER'S LICENSE

If the position for which you are applying requires a valid driver's license, please answer the following questions . (If the position does not require a valid driver's you need not answer this question.) Do you have a valid driver's license?    Yes    No.    If yes, what class \_\_\_\_\_.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check the type of vehicles you are licensed to operate:

Passenger Car \_\_\_\_\_ Commercial Motor Vehicle \_\_\_\_\_ CDL Class \_\_\_\_\_

List any heavy road equipment or other road construction that you are licensed to operate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any training, or certificates/licenses that you possess related to this position (e.g. public speaking, honors received, publications, memberships in professional organizations, including office skills).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## U.S. MILITARY SERVICE

Have you ever served in the U.S. Military?    Yes    No.

Past Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge or Separation \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Are you now an active member of the U.S. Reserve or National Guard?    Yes    No

# EMPLOYMENT HISTORY

(Begin with current or most recent position.) For any unemployed or self-employed periods, show dates and location and insert Supplemental Sheet(s), if necessary.

Position Held: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

Name of Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Hours/Week \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties and supervisory experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICAL USE ONLY** EXPERIENCE: YEARS MONTHS

Position Held \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

Name of Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Hours/Week \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties and supervisory experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICAL USE ONLY** EXPERIENCE: YEARS MONTHS

Position Held: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

Name of Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Hours/Week \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties and supervisory experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICAL USE ONLY** EXPERIENCE: YEARS MONTHS

Position Held: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

Name of Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Hours/Week \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe duties and supervisory experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICAL USE ONLY** EXPERIENCE: YEARS MONTHS

**TO LIST ADDITIONAL EMPLOYMENT HISTORY, PLEASE REQUEST A SUPPLEMENTAL SHEET**

## PERSONAL REFERENCES

*Please fill in all the blanks. Do not use relatives.*

NAME	YEARS KNOWN	TELEPHONE	ADDRESS
		Business	No. & Street
		Home	City & State
		Business	No. & Street
		Home	City & State
		Business	No. & Street
		Home	City & State

Permission is granted to contact current employer. Yes No

## APPLICANT'S CERTIFICATION

### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN & RETURN APPLICATION

I understand that any final hiring decision is contingent upon satisfactory checks of references and satisfactory results of a medical exam and drug screening, if required by Bernalillo County.  
 If I am employed by Bernalillo County, I agree to comply with all rules, regulations, policies and procedures now in existence or later adopted pertaining to its employees. I understand that these rules, regulations, policies and procedures may be changed by Bernalillo County at any time, with or without notice, and with or without negotiation.  
 I agree that if I am hired by Bernalillo County that I will not divulge to any person or organization any confidential or proprietary information which I may obtain in the course of my employment, unless authorized in advance and in writing to do so by Bernalillo County.

### DRUG SCREENING POLICY AND STATEMENT

I understand that Bernalillo County requires a drug screening test as a part of its selection and hiring process. I also understand that such drug screening will consist of the taking of urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the test result is positive, I will be disqualified from further consideration for a period of at least (1) year. I hereby give my consent to Bernalillo County to administer any drug screening procedures to me, and to use the results thereof in further determining my employment with Bernalillo County. If employed, I further agree to submit to drug screening if requested of me at any time during my employment. I have read and understand the above statement.

**DATE:** \_\_\_\_\_ \_\_\_\_\_  
Applicant Signature

### CONDITIONS OF EMPLOYMENT

I understand that if I am employed, any misrepresentation or omission of any material fact on this application is sufficient cause for dismissal. Furthermore, any misrepresentation or omission of any material fact on this application may result in no offer of employment being made, or withdrawal of any offer of employment prior to my beginning work. I agree to conform to the rules and regulations of Bernalillo County and understand that if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at anytime, at the option of either Bernalillo County or myself, unless I am a classified employee at which time my "at-will" status expires upon completion of the probationary period. I further understand that no personnel recruiter or interviewer or other representative of Bernalillo County other than the County Manager has any authority to enter into any agreement for employment for any specified period of time.

I further understand that my "at-will" relationship with Bernalillo County cannot be modified or changed during my employment except as provided for in the Bernalillo County Rules and Regulations or through a specified written agreement between me and Bernalillo County, signed by me or a certified bargaining representative and the County Manager or by a majority vote of the Board of County Commissioners and specifically identified as an amendment to the employment "at-will" relationship.

\_\_\_\_\_ **Date of Application**

\_\_\_\_\_ **Signature (Full Name)**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Full Name (Print)**

\_\_\_\_\_ **Other Names Used**



I hereby authorize Bernalillo County to obtain any and all information regarding me, my work record, driving record, auto insurance and my reputation which it deems necessary to process my application for employment. I authorize any official representative of Bernalillo County to obtain any information deemed necessary for consideration of my application for employment from all current or former employers and any other individual or organization named or referred to in this Application.

I understand that the information released is for official use by Bernalillo County in determining my suitability for employment. I also agree that any information obtained by Bernalillo County pursuant to this Authorization shall become and remain the property of Bernalillo County. I hereby waive any right to receive a copy of information provided to Bernalillo County in connection with my application for employment.

The execution of this release is voluntary. However, if Bernalillo County is unable to secure the requested information, I understand that my application for employment may not continue to be processed

I have read and understand the above statement.

DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
Full Name (Print): \_\_\_\_\_

### COMMERCIAL DRIVERS LICENSE RELEASE OF INFORMATION FORM

I hereby authorize all current or former employers and any other individual or organization named or referred to in this Application to provide Bernalillo County with all information regarding my employment, work habits, and character and applicable drug and alcohol test results for the previous two (2) years in accordance with applicable Department of Transportation regulations. I hereby release all such current or former employers, individuals, organizations and Bernalillo County from any liability for any claim or damage which may result from the release of such information. I understand that a photocopy of this authorization shall be valid as an original.

I have read and understand the above statement.

DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
Full Name (Print): \_\_\_\_\_



### VOLUNTARY AFFIRMATIVE ACTION INFORMATION SURVEY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_\_  
Posting Number \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**Ethnicity:**

- |   |  |
|---|--|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Other           |

NAME:

DATE:

### SUPPLEMENTAL SHEET EMPLOYMENT HISTORY

(Begin with most current or recent position)

1. Name of Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe duties and any supervisory experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**FOR OFFICIAL USE ONLY** Experience – Years: \_\_\_\_\_ Months: \_\_\_\_\_ Supervision: \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe duties and any supervisory experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**FOR OFFICIAL USE ONLY** Experience – Years: \_\_\_\_\_ Months: \_\_\_\_\_ Supervision: \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe duties and any supervisory experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**FOR OFFICIAL USE ONLY** Experience – Years: \_\_\_\_\_ Months: \_\_\_\_\_ Supervision: \_\_\_\_\_

4. Name of Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe duties and any supervisory experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**FOR OFFICIAL USE ONLY** Experience – Years: \_\_\_\_\_ Months: \_\_\_\_\_ Supervision: \_\_\_\_\_