

Application for Employment

McKinley County

P.O. Box 70

Personnel Department

Gallup, New Mexico 87305

Telephone: 505-722-3868 FAX: 505-863-6362

APPLICATIONS ARE ACCEPTED ONLY FOR POSITION CURRENTLY BEING ADVERTISED/RECRUITED.
Complete all sections that apply. Mark any area that does not apply "N/A". Material misstatements or omissions on this application will disqualify you from consideration and may result in your termination in the event you are hired. **You may add supplements to this application if needed.**

McKinley County may require satisfactory documentation of all statements. Criminal histories will not be used to disqualify applicants unless they disqualify applicants as a non-discriminatory matter of law, or if they indicate unfitness for the particular position applied for.

McKinley County is an Equal Opportunity Employer and does not discriminate in hiring or promotion on the basis of race, color, national origin, political affiliation, religious faith or absence thereof, sex, age, handicap or disability, or status as a Vietnam era or special disabled veteran, in accordance with applicable Federal and State laws.

Application and attachments remain the property of this Office and will not be reproduced nor transferred to future Vacancy Announcements. Original signatures are required.

Important Instructions for completing this Application. Call the above number to change name, address, phone number, etc. **Type or Print in Ink.** Review the Vacancy Announcement for required documentation or attachments. Incomplete or illegible applications will not be processed.

The completion of this application represents your ability to provide written communication and follow directions. It is a primary source of information for managers making selection decisions. Excessive or non-essential attachments will not be referred to the Hiring Authority. Only information necessary to complete the application should be attached, e.g., transcripts, Supplemental Questionnaire and required attachments. **Resumes will be accepted in addition to, but not in lieu of work history.**

Copies are acceptable if each is clear, has an **Original Signature**, correct job title, contains required attachments and is the same size as the original application. If more space is needed to give full answers or explanations, attach additional pages referencing the item number and your name. Applicants may be required to undergo a physical examination and post-offer of employment drug screening if indicated on Vacancy Announcement

*Disclosure of Social Security Number is voluntary and solicited only to provide positive identification.

If you would like to be notified that you did not get the position please check one. Phone () Letter ()

Section A. POSITION APPLIED FOR – GIVE EXACT TITLE

| | |
|-----------|-----------------------------|
| 1. Title: | 2. Vacancy Announcement No. |
|-----------|-----------------------------|

- 3. Date available to begin work _____
- 4. Yes No Are you seeking full-time employment?
- 5. Yes No Will you accept Night Work?
- 6. Yes No Will you accept Shift Work?
- 7. Yes No Will you accept temporary employment for 12 months or less?
- 8. Yes No Will you accept part-time employment (less than 40 hours per week)?

Section B. PERSONAL DATA

| | | |
|----------------------------|--|-------------|
| 1. Last Name | First Name | Initial |
| 2. *Social Security Number | | |
| 3. Mailing Address | | |
| 4. City | 5. State | 6. Zip Code |
| 7. Home phone () | 8. Business or Message phone (if message, give name of contact person) () | |

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| | | |
|------------------|--------------|----------------|
| NAME-Last | First | Initial |
|------------------|--------------|----------------|

| |
|---|
| 9. Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever used a different name for school or employment? If so, what name(s)? [] [] |
| 10. Yes <input type="checkbox"/> No <input type="checkbox"/> Are you over 18 years of age? If no, a work permit may be required. [] [] |
| 11. Yes <input type="checkbox"/> No <input type="checkbox"/> Does any relative of yours hold employment or elective office under McKinley County? If yes, Name of Relative(s) [] [] _____ Relationship(s) to you _____ Position or Office held by the relative(s)? _____ |
| 12. Yes <input type="checkbox"/> No <input type="checkbox"/> Are you (or have you previously been) a resident of New Mexico? If yes, indicate date(s). [] [] |
| 13. Yes <input type="checkbox"/> No <input type="checkbox"/> Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment) [] [] |
| 14. Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid drivers license? No./Class/State/Exp. date [] [] |
| 15. Yes <input type="checkbox"/> No <input type="checkbox"/> Have you previously worked for or do you now work for McKinley County? [] [] If Yes, Where? _____ and When? _____ |

Section C. QUALIFICATIONS (EDUCATION)

| 1. | Name & Address of School | Course of Study | No. of Years Completed or Sem/Qtr Hrs.? | Did you Graduate? Date? | Type of Certificate, Degree or Diploma? |
|----------------------------|--------------------------|-----------------|---|---|---|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/Vocational School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

To receive credit for post High School education you must attach copies of your transcripts/degree.

2. If you did not graduate from High School, do you have a G.E.D. or similar certificate? _____
Date Received: _____

3. Typing Yes No Computer Yes No Steno Yes No Filing Yes No
WPM _____ List Programs _____ WPM _____

4. Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

5. Describe any honors you have received: _____

6. State any additional information you feel may be helpful to us in considering your application. _____

7. Licenses or Certificates held relating to the position for which you have applied. No.: Issue date; Expiration date _____

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| | | |
|------------------|--------------|----------------|
| NAME-Last | First | Initial |
|------------------|--------------|----------------|

| | | | |
|--|--|------------------|--|
| 4. Employment Record | | | |
| Name and address of employer's organization (include Zip code, if known) | Date employed (give month and date) From _____ To _____ | | Average number of hours worked per week |
| | Salary or earnings Beginning \$ _____ per _____ End \$ _____ per _____ | | Reason for leaving |
| Exact title of your position | Name of immediate Supervisor | Area Code | Telephone Number |
| Kind of business or organization (manufacturing accounting, social services, etc.) | Number and kind of employees you supervised and dates No. _____ Kind _____ | | |
| Description of work (Describe your specific duties, responsibilities and accomplishments in this job) | | | |
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| 5. Employment Record | | | |
| Name and address of employer's organization (include Zip code, if known) | Date employed (give month and date) From _____ To _____ | | Average number of hours worked per week |
| | Salary or earnings Beginning \$ _____ per _____ End \$ _____ per _____ | | Reason for leaving |
| Exact title of your position | Name of immediate Supervisor | Area Code | Telephone Number |
| Kind of business or organization (manufacturing accounting, social services, etc.) | Number and kind of employees you supervised and dates No. _____ Kind _____ | | |
| Description of work (Describe your specific duties, responsibilities and accomplishments in this job) | | | |
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NOTE: If you need additional employment blocks, please continue on plain paper using the same format as the "Employment Record" blocks.

| | | |
|------------------|--------------|----------------|
| NAME-Last | First | Initial |
|------------------|--------------|----------------|

Section E: PERSONAL REFERENCES

| | | |
|---|----------------|--------------|
| List three (3) personal references who are NOT relatives or former employers or supervisors: | | |
| NAME | ADDRESS | PHONE |
| | | |
| | | |
| | | |

Section F. AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I may be required to sign an authorization and release form in connection with this application. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of McKinley County

I authorize McKinley County, through its agents and employees, including, but not limited to, its Personnel Director and the McKinley County’s Sheriff’s Office, to inquire of, and receive records, reports, transcripts, and other information relating to my employability, performance in former employment, and character, from any person or entity listed in my application as a reference, employer, former employer, relative, and from any current or former employer, whether listed or not, and to inquire of, and receive, records pertaining to my criminal history and driving records.

I authorize any person, company, association, government, whether federal, state, local, or tribal, corporation or other entity recognized by law, whether or not listed as an employer, former employer, reference, or relative, to provide and deliver to McKinley County, its agents or employees, records, reports, transcripts, and other information relating to my employability, performance in former employment, and character, and to deliver to McKinley County, through its agents and employees, records pertaining to my criminal history and driving records.

I release any and all persons, companies associations, government, whether federal, state, local, or tribal, corporations or other entities recognized as law, whether acting in good faith, or negligently, recklessly or maliciously, from liability for any and all damages which I might suffer from information which might be received or published, whether verbally or in writing, pursuant to the authorization provided above, whether the theory of said damages be in tort, right of reputation or privacy, in contract, or otherwise. It is my intent that this release extend to the benefit of third parties.

This application and any pre-employment investigation and materials found therein do not become a public record subject to disclosure until and if an applicant becomes an employee.

_____ **Date**

_____ **Applicant Signature**

Section G:

**APPLICANT
DATA RECORD**

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government recordings keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE TYPE OR PRINT)

DATE _____

Position Applied For: _____ Vacancy Announcement No. _____

Name: _____ Phone: (____) _____
Last First Middle Area CodeAddress _____
Number Street City State Zip Code**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, disability and Veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:

 Male Female

Birth Date _____

Check one of the following:

Race/Ethnic Group: White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other _____

Check if any of the following are applicable:

 Vietnam Era Veteran Disabled Veteran Disabled individual**FOR RECRUITMENT SURVEY ONLY**

How did you learn about this job opportunity? Check the appropriate category

- A. County Personnel Office
 B. Job Service Office
 C. Newspaper Advertisement
 D. Professional Journal or Newsletter
 E. Radio or TV Announcement
 F. School Recruiting Program
 G. Internet Vacancy Announcement
 H. Friend or Acquaintance (Not County Employee)
 I. Other (Explain)