

# SIERRA COUNTY

855 Van Patten St.

Truth or Consequences, New Mexico 87901

Phone: 575-894-6215 Fax: 575-894-9548

www.sierraco.org

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, martial or veteran status, or the presence of a medical condition or disability.

Position Applied for: \_\_\_\_\_

LAST NAME	FIRST	MIDDLE	TELEPHONE
			Home: Work: Message:
MAILING ADDRESS			EMAIL ADDRESS
STREET	CITY	STATE	ZIP CODE
ARE YOU APPLYING FOR: _____ Full Time _____ Part Time			If part-time, list available hours
			DATE AVAILABLE FOR WORK
DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Driver's License #: _____ State: _____ Expiration Date: _____			
<b>OFFER OF EMPLOYMENT IS CONDITIONED UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE USA.</b>			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
VISA TYPE (If applicable): _____			
HAVE YOU HAD PRIOR SIERRA COUNTY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES:			
Date(s) employed: _____			
Where: _____ Title: _____			
Date(s) employed: _____			
Where: _____ Title: _____			

## EDUCATION AND TRAINING

A copy of relevant Transcripts, Degrees or Diplomas must be attached.

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

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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.

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

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">2</div> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME  HOURS PER WEEK:	NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

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

## REFERENCES

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

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

## APPLICANT'S STATEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

- ◆ The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date.
  
- ◆ I authorize a background investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.
  
- ◆ I understand that once my application is submitted it becomes a matter of public record.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**THE COUNTY OF SIERRA IS AN  
EQUAL OPPORTUNITY EMPLOYER**

# ADDITIONAL SHEET

## Employment History Continued

<input style="width: 30px; height: 20px;" type="checkbox"/> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME  HOURS PER WEEK:	NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

**Sierra County  
Application Affirmative Action Program  
Self-Identification Form**

Dept. for which you are applying: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS - PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those, which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The federal government has established the definitions for each category. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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**INVITATION TO SELF-IDENTIFY**

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  
- Black or African American:** a person having origins in any of the black racial groups of Africa.
  
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

***This document will be maintained in a separate file***

**County of Sierra New Mexico**  
**855 Van Patten, Truth or Consequences, NM 87901**

**DRIVING RECORDS CHECK CONSENT FORM:**

Sierra County maintains a driver record checking and verification program for prospective and current volunteers (hereafter referred to collectively as "Volunteer") and for current employees (hereafter referred to collectively as "Employee"). Sierra County may determine, at its discretion, not to allow driving privileges to any Volunteer or Employee lacking an acceptable record.

The undersigned volunteer or employee hereby authorizes Sierra County to monthly receive his or her driving record, and such authorization will remain in effect for one year or for the duration of the Volunteer or Employment status between Sierra County and the Volunteer or Employee, whichever period is longest. State and Federal privacy laws protect *and* prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle driver's records information to the Organization named below for eligibility purposes regarding driving county vehicles.

By signing below:

I authorize Sierra County to investigate and review driving and motor vehicle related information on a monthly basis, at no cost to myself, during the duration of my volunteer status or employment with the Organization.

I understand that my driving privileges is contingent upon the Organization's review of such information; and

I confirm that I have read and understand the attached Disclosure Statement.

**DISCLOSURE STATEMENT:**

Sierra County, when considering your eligibility to drive a county vehicle, has contracted with SAMBA Holding, Inc. to provide driving records. SAMBA Inc. furnishes information as available from state and national agencies. SAMBA Inc. does not issue and opinion on the information provided or participate in any action or decision based on the information provided.

\_\_\_\_\_  
Name (Print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers license number

\_\_\_\_\_  
State drivers license was issued in

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature



**County of Sierra New Mexico**  
**855 Van Patten, Truth or Consequences, NM 87901**

**APPLICANT CERTIFICATION AND AUTHORIZATION**

I, hereby give **Data Facts, Inc.** (hereinafter collectively referred to as "you") the right to conduct an investigation to my Background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to credit, criminal background information and I release from all liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult files which are available. I understand that, to the extent required by law, **Data Facts, Inc.** will retain the result of this investigation and a copy of my application of employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims, I have or may have against my former employers, their agents, employees, and representative, as well as other individuals directly or indirectly result from the use, disclosure, or release of such information by a person or party, whether such information is favorable or unfavorable to me.

I have read and understood the Summary of Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, and activities, including but not limited to credit, criminal background information.

**Personal Data**

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years (include street, city, state, zip code)		Dates of Residence
Date of Birth	Other Names Used (including maiden name)	Years Used
Email Address (may be used for official correspondence)		

I have the right to make a request of **Data Facts, Inc.** upon proper identification to request the nature and substance of all information in its files on me at the time of my request, including sources of information and the recipients of any reports on me which **Data Facts, Inc.** has previously furnished with in the year period of preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement or answer made by me on my application or any supplements to it and in my interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant's Signature	Date
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