

EDUCATION/ BACKGROUND: Please read the requirements section on the job announcement before completing this section.

EDUCATION AND EXPERIENCE					
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Passed High School Equivalency Test (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of College or University	Course of Study	Degree Awarded	Completed Semester Units Quarter Units		Did You Graduate?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
Business, Correspondence, Trade, or Service Schools					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending
If the position for which you are applying has specific course requirements indicated on the job announcement, list the course(s) that satisfy these requirements, unless they are requested on the supplemental application.					
Please list currently valid certificates of professional or vocational competence, licenses and expiration dates. (Include date of completion if requested on the job announcement flyer.)					
Title _____		Issuing Agency _____			
Date Issued _____		Expiration Date _____		ID# _____	

ADDITIONAL PERSONAL INFORMATION

LAW ENFORCEMENT AND DETENTION OFFICER APPLICANT (ONLY)
 As an adult, have you ever been convicted of a felony? Yes No Date(s) _____

If yes, please explain charges and circumstances _____

Conviction is not an automatic bar to employment. Each case is reviewed on the basis of job relatedness.

ALL OTHER APPLICANTS

Have you ever been discharged from employment or resigned in lieu of discharge? Yes No

If yes, please explain. _____

Are you at least 18 years of age? Yes No If no, please attach a copy of your work permit.

Are you a U.S. Citizen, or legally authorized to work in the United States? Yes No

At the time of appointment, all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.

Are any relatives currently employed by Taos County? Yes No

If yes, please list relative's name and relationship _____

Every employee of Taos County must possess a valid New Mexico Driver's License, or be able to obtain one, and be insurable under Taos County Insurance. The County will make reasonable accommodations for the known physical or mental limitations of a qualified applicant with a disability upon request. Taos County participates in FleetWatch and runs a monthly check on every employee's driving record.

Do you possess a Valid Driver's License? Yes No

State _____ Class _____ License No: _____

Has your license ever been suspended or revoked? Yes No

If yes, give specifics _____

EMPLOYMENT HISTORY: Please list all experience beginning with your current or most recent employer. Include volunteer assignments, on the job training and military service. To list additional employers, copy this page and attach to application. May we contact your current employer before a job offer is tendered? Yes No

Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk			
Position Title	Supervisor Name/Title	Telephone and Area Code	# of People Supervised _____		
			Monthly Salary \$ _____		
Description of Your Duties					

Reason For Leaving					

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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk			
Position Title	Supervisor Name/Title	Telephone and Area Code	# of People Supervised _____		
			Monthly Salary \$ _____		
Description of Your Duties					

Reason For Leaving					

C.
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Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk			
Position Title	Supervisor Name/Title	Telephone and Area Code	# of People Supervised _____		
			Monthly Salary \$ _____		
Description of Your Duties					

Reason For Leaving					

D. NEXT PREVIOUS

Name and Address of Organization		From		To	
		Month	Year	Month	Year
		# of Hrs. Worked Per Wk			
Position Title	Supervisor Name/Title	Telephone and Area Code	# of People Supervised _____		
			Monthly Salary \$ _____		
Description of Your Duties					

Reason For Leaving					

PROFESSIONAL REFERENCES (Not Relatives):

Name	Address	Telephone

TRAINING AND/OR SPECIAL SKILLS

- Calculator
 Typing _____ wpm
 Multi-line Phone
 Fax Machine
 Copy Machine
 Bookkeeping
 Other _____
 Computer Experience (type) _____ Software _____
 Word Processor Experience (type) _____

Please describe any additional information including training, memberships in professional organizations, certificates/licenses and/or special skills which you possess that you consider relevant to the position for which you are applying.

Signed: _____ Date: _____

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. **It will be detached and kept separate and confidential.** It will not be used in any way to make employment decisions.

A. Position _____

B. Date _____

C. Sex Male Female

D. Is your age 40 or over?

Yes No

E. Are you a person with a disability?

Yes No

Will you require accommodations for testing and or employment?

Yes No

F. Ethnic Category (Check only one)

White

Black

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

G. Indicate specific source from which you learned about the position

Newspaper (specify)

Job Fair (specify)

Organization (specify)

Employee Referral (specify)

Website (specify)

Taos County Human Resources Department

New Mexico Department of Labor

Other (specify)



AUTHORIZATION TO RELEASE INFORMATION

NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE#: _____

As an applicant for the position of _____ with Taos County, my prospective employer is required to conduct an investigation into my fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, and educational records with transcripts, if I am offered employment with this agency, credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), criminal history information including information concerning felony or misdemeanor arrests, and and/or any other information that you possess.

I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, for furnishing the truthful information requested by the bearer of this authorization form.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of the signed form.

This release is valid for 120 days from the date of signature.

Candidate Signature

Date

Dated this _____ day of _____, 20_____

In the County of _____ within the State of _____

My Commission Expires: _____

Notary Public