



Rio Arriba County

1122 Industrial Park Road

Espanola, NM 87532

Espanola: (505)753-2992

www.rio-arriba.org

Application for Employment

The County of Rio Arriba does not discriminate based on race, color, religion, sex, age, national origin, sexual orientation or gender identity, disability, genetic information, or veteran status in the employment or the provisions of service.

PLEASE ATTACH HIGH SCHOOL DIPLOMA OR GED CERTIFICATION

Date of application: _____ Position applied for: _____

Personal Information

Name _____ Social Security Number _____

Address _____

Mailing Address

City, State, ZIP

Email _____ Cell # _____ Other # _____

Are you 16 years of age or older?

☐ Yes

☐ No

Do you have the legal right to work in the US?

☐ Yes

☐ No

(Proof of citizenship or immigration will be required upon employment)

Do you possess a valid driver's license?

☐ Yes

☐ No

State: _____ Type: _____ Driver Licenses Number: _____

Date of birth: _____

Does Rio Arriba County employ any relative of yours? ☐ Yes ☐ No

If yes, list the name and relationship.

Have you ever been employed by Rio Arriba County? ☐ Yes ☐ No

If yes, list the date:

Are you retired under the New Mexico Public Employee Retirement Association (PERA)? ☐ Yes ☐ No

If yes list, the date of retirement: _____

If hired when will you be available for work? _____

Mark, which you will be able to work?

☐ Full-time

☐ Part-time

☐ Temporary

☐ Casual

☐ Shift Work

High school

Official Transcripts from Institutions will be required for the Highest Level of Education (High School, VoTech or University)

High school Graduate/ GED certificate: ☐ Yes ☐ No If no, indicate highest level completed

Name of high school: _____

Certificates/ License

If yes, please complete the information below and attach copies of certificates:

Cert/Lic Issued License/
Received: _____ by: _____ Certification # _____

Exp Date: _____

Cert/Lic Issued License/
Received: _____ by: _____ Certification # _____

Exp Date: _____

Cert/Lic Issued License/
Received: _____ by: _____ Certification # _____

Exp Date: _____

College

Have you attended a college or university? If yes, please complete the information below In the format provided in the example:

Name of school: _____ Major: _____ Certificate
received: _____

Name of school: _____ Major: _____ Certificate
received: _____

Name of school: _____ Major: _____ Certificate
received: _____

Employment History

1. Employer: _____ Address: _____

Employer Phone Number: _____ ☐ Full-Time ☐ Part-time Hours a week: _____

Type of Business: _____ Job Title: _____

Reason for leaving _____ Starting date _____ End date _____

Supervisors name & title _____ May we contact the employer? ☐ Yes ☐ No

List responsibilities and duties: _____

2. Employer: _____ Address: _____

Employer Phone Number: _____ ☐ Full-Time ☐ Part-time Hours a week: _____

Type of Business: _____ Job Title: _____

Reason for leaving _____ Starting date _____ End date _____

Supervisors name & title _____ May we contact the employer? ☐ Yes ☐ No

List responsibilities and duties: _____

3. Employer: _____ Address: _____

Employer Phone Number: _____ ☐ Full-Time ☐ Part-time Hours a week: _____

Type of Business: _____ Job Title: _____

Reason for leaving _____ Starting date _____ End date _____

Supervisors name & title _____ May we contact the employer? ☐ Yes ☐ No

List responsibilities and duties: _____

4. Employer: _____ Address: _____

Employer Phone Number: _____ ☐ Full-Time ☐ Part-time Hours a week: _____

Type of Business: _____ Job Title: _____

Reason for leaving _____ Starting date _____ End date _____

Supervisors name & title _____ May we contact the employer? ☐ Yes ☐ No

List responsibilities and duties: _____

References

You must list three professional references whom we may contact and who can evaluate your job-related knowledge and abilities. Please include at least one supervisor (past or present) whom we may contact, if applicable.

Name			
Title			
Company			
Phone			

Sheriff's Deputy, Detention Officers, and Firefighters Applicants Must Complete This Section

Are you over the age of 21? ☐ Yes ☐ No

Are you a licensed peace officer in the state of New Mexico? ☐ Yes ☐ No

Are you a licensed or commissioned peace officer in the State of New Mexico? ☐ Yes ☐ No

If yes, where did you obtain your license? _____

POST Training Academy or Department Address City State Zip Code

Date: License Number:

Has your NM peace officer's license ever been suspended? ☐ Yes ☐ No

(If so, please provide a written explanation on an attached paper)

Are all your certifications current and in good standing? Yes No

Are you willing to work rotating shifts, nights, weekends, holidays, overtime, and emergency call-outs? Yes No

Are you available to participate in required training, drills, and continuing education? Yes No

Did you graduate from a Fire Academy? If yes, list the academy, location, and completion date.

Address City State Zip Code

Have you ever had a firefighter certification suspended or revoked? Yes No

Have you ever failed to complete a probationary period with a fire department? Yes No

Are you willing to maintain required EMS certifications? Yes No

Military Service:

(Please make copies of applicable service records including discharge papers and attach them to this application)

Branch Serial # Date of service to

Type of discharge: If non honorable explain

Grade and Duty assignment at the time of separation

Selective Service Number

Are you a member of the reserves/
National Guard? ☐ Yes ☐ No If yes provide the following info below:

Unit: Location: Grade: Duty Assignment:

Do you speak another language other than English? ☐ Yes ☐ No Fluent? ☐ Yes ☐ No

What language is it? _____

Briefly list any computer skills you have:
(attach any certificates for the computer training you received)

Please list any social media sites (Facebook, X, Instagram, Tiktok) where you have an active or account.

Briefly list any training or skill, including firearms, that would assist in the job you are applying for
(list and attach any certificates)

READ THE STATEMENT BELOW. YOU MUST SIGN AND DATE IN THE SPACE PROVIDED BELOW OR YOUR APPLICATION WILL BE DISQUALIFIED FROM ALL CONSIDERATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT A SIGNATURE OCCURS.

I certify that the information I am providing in this application is correct and complete to the best of my knowledge and belief. I understand that if I fail to explain how I meet the minimum qualifications, my application may be disqualified. I understand that this includes, but is not limited to, failure to provide necessary education information, job duties, and/or certifications. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I understand that Rio Arriba County requires pre-employment drug screening and as a condition of employment, I will complete a pre-employment drug test. I hereby authorize Rio Arriba County to investigate the information contained herein and contact those current and previous employers I have approved. I release all references, current and previous employers, and schools from damages resulting from furnishing such information. I understand that this application shall become a public record upon receipt and, therefore, shall be available for public inspection. I understand that if hired, Rio Arriba County will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from each new employee's Form I-9 to confirm work authorization.

Applicants Signature

Date

FAIR CREDIT REPORTING ACT
DISCLOSURE STATEMENT
Employment, Insurance, or Credit Purposes

Rio Arriba County when considering your application for employment, insurance, or credit, when deciding whether to offer you employment, insurance or credit, when deciding whether to continue your employment, insurance, or credit, and when making other decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. You are a "consumer" with rights under the FCRA. A "consumer" is an individual. A "consumer reporting agency" is any person or business which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for furnishing "consumer reports" to others, and which uses any means or facility of interstate commerce to prepare or furnishing "consumer reports". A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, to serve as a factor in establishing the consumer's eligibility for employment purposes or other purposes authorized under the FCRA. If Rio Arriba County obtains a "consumer report" about you, and if, based on any information in the consumer report, Rio Arriba County makes a decision for employment, insurance, or credit purposes that directly and adversely affects you, you may be provided with a copy of the "consumer report". You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" concerning "consumer reports" and "consumer reporting agencies".

Rio Arriba County has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report.

In writing:

SAMBA Holdings, Inc. 1730 Montana NW
Suite F
Albuquerque, NM 87107
By phone: 1-800-947-2622

Public and Private Record Release
Employment, Credit, or Insurance Purposes

The Fair Credit Reporting Act (FCRA) allows (Rio Arriba County) to gain access to Public and Private records with my permission for employment, credit, or insurance purposes.

By signing this release:

I hereby give permission to Rio Arriba County to investigate my driving, motor vehicle, criminal histories, and related information periodically for the duration of my employment or insurance relationship with Rio Arriba County allowable under FCRA;

I understand that my eligibility is contingent upon Rio Arriba County gaining access to these records.

I confirm that I have read and understand the "Fair Credit Reporting Act Disclosure The statement" provided to me by the Company.

I authorize Rio Arriba County to periodically receive these records, and such authorization will remain in effect for one year or the duration of my relationship with Rio Arriba County, whichever period is longer.

Printed Name

Signature

Driver's License

Social Security Number
(for criminal records)

Birth Date (MM/DD/YYYY)

Gender M or F

Applicant's Authorization to Release Information

As an applicant for a position with Rio Arriba County, I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications.

Please release or verify the items indicated:

Yes No

☐ ☐ All information requested (Including an FBI check)

Past Employers:

☐ ☐ Contact Supervisors

☐ ☐ Date of Employment

☐ ☐ Positions Held

☐ ☐ Salary History

☐ ☐ Responsibilities and Duties Performed

☐ ☐ Reasons for Leaving

☐ ☐ Eligibility for Rehire

☐ ☐ Attendance Record for Last Year of Employment

Educational Institutions:

☐ ☐ Degree Obtained

☐ ☐ Transcripts

☐ ☐ Licenses/ Certifications

Print Name: _____ SS#: _____

Signature: _____ Date: _____

Please Read (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize Rio Arriba County to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company all letters, reports, and other information of my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired and as stated in the RAC Drug Policy, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Rio Arriba County may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview, which may, granted is intended to create an employment contract, implied or explicit, between me and Rio Arriba County. In addition, I understand and agree that if I am employed, my employment relationship with Rio Arriba County is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Rio Arriba County, and that no promises or representations contrary to the forgoing are binding on Rio Arriba County unless made in writing and signed jointly by the County Manager and employee.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Rio Arriba County benefits, policies, and procedures will not alter our at-will and arbitration agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid New Mexico driver's license and that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Rio Arriba County auto insurance, required for my position.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I certify that I, the undersigned applicant, have completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that this employment application shall be considered active for some time not to exceed 45 days, I understand that if I wish to be considered for employment beyond this time, it is my responsibility to resubmit a new application.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions in this document.

Applicants Signature

Date