



Rio Arriba County

1122 Industrial Park Road
Española, NM 87532

Espanola: (505)753-2992 Ext. 5327
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www.rio-arriba.org

For Use by Human Resources	
Qual	_____
Not Qual	_____
Educ	_____
Exp	_____
Other	_____

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

Resumes may be attached but will **not** be used to determine qualification for a position.

INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.

Page 2 of this application must be signed to be considered for employment.

INSTRUCTIONS

1. Each position you are interested in requires a separate application.
2. Completed applications are the only source used for qualification.
3. Read the recruitment announcement for the position you are seeking. Note the skills and knowledge required. Complete each experience block describing your work, military or volunteer experience related to this position. Be sure you state how each meets the minimum qualifications detailed in the announcement. Your ability to qualify for a position depends on your description of previous experience and its relevance to the position you are seeking.
4. Type or print neatly in dark ink.
5. If you need more space for an answer, attach a sheet of paper and include all information requested on the application.
6. List relevant certifications on page 2 of this application.
7. Review your application before you submit it to HR. Make sure all information is complete and accurate.
8. A signature is required on page 2 to qualify.
9. Completing the Self-Identification forms and Applicant Data record is optional.

THE SELECTION PROCESS

Upon the close of the recruitment period, Human Resources will review all applications received to ascertain which applicants meet the minimum qualifications for the position. The qualified applications are delivered to the hiring official(s) for selection of interviewees. The County will contact those selected to interview. After all interviews have been completed and an applicant has been offered and accepted the position, applicants not selected will be contacted and notified that the position has been filled.

APPLICATION FOR EMPLOYMENT

The County of Rio Arriba does not discriminate on the basis of 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.

Date of application _____ Job Requisition # _____
 Position applied for _____

PERSONAL INFORMATION

Name _____ SS# _____

Address _____
 Mailing Address _____
 City, State, ZIP _____

Birth Date _____ Wk Phone _____ Home\Cell _____

Other Phone _____ Email address _____

Please list any other names that you have used for school, employment or other reasons?

Does Rio Arriba County employ any relative of yours? Yes No
 If yes, list name and relationship. _____

Have you ever been employed by Rio Arriba County? Yes No
 If yes, list date separated or state "present employee". _____

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

If yes, give date of retirement. _____

Are you 16 years of age or older? Yes No

Do you have the legal right to work in the United States? Yes No
 U.S Citizen Permanent Resident Status
 Other (specify) _____

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

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

State _____ Type _____ Number _____

Name Position applied for

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 and 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.

SIGN HERE PLEASE! 

Applicant Signature _____

Date _____

On what date would you be available for work? _____

Which of the following are you available to work? Mark all that apply.

- Full-time
 Part-time
 Shift Work
 Temporary
 Casual

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

<input type="checkbox"/>	YES	High School Graduate/GED Certificate	Name of High School: _____
<input type="checkbox"/>	NO	If no, indicate highest grade completed: _____	

Have you attended a **Vocational/Technical/Business School**? If yes, please complete the information below.

Name of school:	Area of study:	Credits completed:
Certificate received:		
Name of school:	Area of study:	Credits completed:
Certificate received:		
Name of school:	Area of study:	Credits completed:
Certificate received:		

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

EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE			
Name of school:	NMSU	Area of study: Biology, Math	Credits completed: 136
Degree received:	BS in Biology		Year degree received: 1983
Name of school:	Area of study:	Credits completed:	
Degree received:		Year degree received:	
Name of school:	Area of study:	Credits completed:	
Degree received:		Year degree received:	
Name of school:	Area of study:	Credits completed:	
Degree received:		Year degree received:	

Attach additional pages if more space is needed. Be sure to include the information asked for in the spaces above.

Name

Position applied for

LICENSES/CERTIFICATIONS: (Attach copies to application)

Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Exp Date:
Issued by:	
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Exp Date:
Issued by:	
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Exp Date:
Issued by:	
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Exp Date:
Issued by:	

SHERRIFF'S DEPUTY AND DETENTION OFFICER APPLICANTS MUST COMPLETE THIS SECTION

Are you at least 21 years of age? 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 another state of the U.S.? Yes No

If yes to either licensing question, where and when did you obtain your License? Yes No

POST Training Academy or Department address, City, State, Zip Code

Date State where Licensed?

Has your NM peace officer's license ever been suspended? if yes, please provide a written explanation of the Circumstances on a separate paper. Yes No

Military Service: Please make copies of applicable service records including any discharge papers and attach to this application.

Branch: Serial #: Date of service to

Type of Discharge: If not honorable explain:

Grade and Duty assignment at time of Separation:

Selective Service Number: Classification:

Are you a member of the Reserves\National Guard? Yes No If yes provide the following information below:

Unit: Location: Grade: Duty Assignment:

Specialized Skills and Training:

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

If yes, please list:

Briefly list any computer skills you have (list and attach any certificates for computer training you have received).

Please list any social media sites (Facebook, Twitter, Instagram, TikTok...) where you have an active or past account?

Briefly list any training or skill, including Firearms, that would assist in the job you're applying for (list and attach any certificates).

Name

Position applied for

List any additional information that may be helpful in considering your application. This is not to replace employment history.

REFERENCES

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

	1	2	3
Name			
Title			
Company			
Phone			

EMPLOYMENT HISTORY

Please complete each section entirely. List all work experience, paid or unpaid, including military or volunteer experience. **A resume may not be substituted for employment history.**

1	Employer	Type of Business	Job Title
Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY)	Supervisor Name/Title	Starting Pay	Final Pay
From	To		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		
If you supervised employees, please indicate number and give dates.		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
No.	From (MM/YYYY)	To (MM/YYYY)	Hours/wk:
Duties/Responsibilities			
Do not write in this area		Years	Months

Name

Position applied for

EMPLOYMENT HISTORY

Please complete each section entirely. List all work experience, paid or unpaid, including military or volunteer experience.

A resume may not be substituted for employment history.

2	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay	Final Pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY) _____		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____		
Duties/Responsibilities				
Do not write in this area _____ Years _____ Months				

3	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay	Final Pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY) _____		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____		
Duties/Responsibilities				
Do not write in this area _____ Years _____ Months				

Name

Position applied for

EMPLOYMENT HISTORY (continued)

4	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay	Final Pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY) _____		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____		
Duties/Responsibilities				
Do not write in this area _____ Years _____ Months				

5	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay	Final Pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY) _____		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____		
Duties/Responsibilities				
Do not write in this area _____ Years _____ Months				

Name Position applied for

EMPLOYMENT HISTORY (continued)

5	Employer	Type of Business	Job Title
Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay _____ Final Pay _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY) _____		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____	
Duties/Responsibilities			
Do not write in this area _____ Years _____ Months _____			

Attach additional pages if more space is needed. Be sure to include all the information requested in the relevant sections. Please take a moment to review your application for accuracy and completeness. It is the responsibility of the applicant to ensure that the application is complete. Incomplete applications may be disqualified from the recruitment process.

FOR EMPLOYER USE ONLY

Job Title _____ Grade / Step _____ Salary _____

APPROVALS

Department Director _____ Date _____

HR Manager _____ Date _____

County Manager _____ Date _____

Offer accepted? Yes _____ No _____ Start date _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

Because we do business with the federal government, we must reach out to, hire, and provide equal employment opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you if you have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

RIO ARRIBA COUNTY SHERIFF'S DEPARTMENT
BACKGROUND HISTORY/RECORDS - RELEASE OF LIABILITY
ACKNOWLEDGMENT OF CONFIDENTIALITY

DOB _____

SOC: -- _____

Applicant's Name (Please Print) _____

I, _____ am an applicant for a position with the Rio Arriba County Sheriff's Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Rio Arriba County Sheriff's Department. I hereby authorize Rio Arriba County Sheriff's Department Recruiting/Selection personnel bearing this document to obtain any information in your files pertaining to me and I hereby direct you to release such information upon request to the bearer. I do hereby authorize a review of a full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Rio Arriba County Sheriff's Department, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Rio Arriba County Sheriff's Department to consider in determining my suitability for employment with the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by me or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed. I request that you allow employees, including supervisors and coworkers to be interviewed by Rio Arriba County Sheriff's Department Recruiting/Section detectives regarding any aspects of my employment with you or your organization.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with such. I hereby expressly waive any claim of privilege with respect to any disclosures made pursuant to this release. I direct you to release such information upon request of the duly accredited representative of the Rio Arriba County Sheriff's Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to the release will discontinue processing my application if you refuse to disclose the information requested.

Initials

**BACKGROUND HISTORY/RECORDS
RELEASE OF LIABILITY**

For and in consideration of the Rio Arriba County Sheriff's Department's acceptance and processing of my application for employment, I agree to indemnify and to hold the County of Rio Arriba, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Rio Arriba County Sheriff's Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Rio Arriba County Sheriff's Department in conjunction with employment procedures. I further understand that information furnished will remain confidential and will be used for the use of the Rio Arriba County Sheriff's Department personnel, and will not be released to me now or in the future.

I hereby acknowledge understanding and agree that all information and materials gathered by the Rio Arriba County Sheriff's Department, either for me or from other sources is and shall remain the sole and exclusive property of the Sheriff's department, including but not limited to all test instruments, questionnaires, inquiries, acknowledgments, credit reports, and any other document which might be found in my background file.

A photocopy of FAX copy of this release form will be valid as the original thereof, even though the said photocopy of FAX copy does not contain original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the County of Rio Arriba, the Rio Arriba County Sheriff's Department and the person and/or organization to whom this request is presented and their agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying or attempting to comply with this request. I acknowledge that the burden of providing my qualifications for such employment is at all times upon me.

Applicants Name _____
(Please Print)

Social Security # _____

Applicant's address _____

Signature _____ Date _____ / _____

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public _____ My Commission expires _____