



DOÑA ANA COUNTY

845 N Motel Blvd. Las Cruces, New Mexico 88007

(575) 647-7210 Toll Free: 1 (877) 827-7200

Fax: (575) 525-5888

Applicant Flow Record (Voluntary)

The following voluntary information is confidential and is requested in order to ensure Equal Opportunity Employment. **This form will be separated from the application you submit, kept in Human Resources. This information is confidential and will have no bearing upon your consideration for employment** with Doña Ana County. Completion of this form is voluntary. Please return this Applicant Flow Record to: Doña Ana County Human Resources, 845 N. Motel Boulevard, Las Cruces, NM 88007.

Last Name:	First Name:	Middle Initial:
Age 40 + <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Position Applied For:

Please select one of the following:

- White** (not Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- African American** (not Hispanic origin): Persons having origins in any of the Black racial groups.
- Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. These areas include, for example China, Japan, Korea, India, Pakistan, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Referral Source

- | | |
|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Newspaper or Journal | <input type="checkbox"/> Posted Notice |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

BACKGROUND SCREENING APPLICANT INFORMATION FORM

The following information will be treated as confidential and is requested only in order to perform a background check. Providing this information is optional but your application will not be processed further without it. This Background Screening Applicant Information Form will be separated from the application you submit and kept in Human Resources. This information in and of itself will have no bearing upon your consideration for employment. The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

PLEASE PRINT YOUR NAME AS SHOWN ON YOUR DRIVER'S LICENSE/STATE ID

FIRST NAME:	MI:	LAST NAME:	MAIDEN/AKA:
SOCIAL SECURITY NO: - - -	DATE OF BIRTH: - - MO/DAY/YEAR	DRIVER'S LICENSE NUMBER: <i>FOR IDENTIFICATION PURPOSES ONLY</i>	STATE ISSUED:

PLEASE PROVIDE RESIDENTIAL ADDRESS HISTORY (past 7 years)

1. CURRENT ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
2. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
3. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
4. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
5. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
6. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	
7. PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
YEARS:		MONTHS:	

Date: _____ Applicant Signature: _____ Electronic Signature

**EMPLOYMENT
APPLICATION**



Doña Ana County

Human Resources Department
845 N. Motel Blvd., Las Cruces,
NM 88007
(575) 647-7210
Toll – Free (877) 827-7200
Fax (575) 525-5888
TTY / TDD (575) 525-5951
www.donaanacounty.org/hr

PERSONAL INFORMATION

FIRST NAME:	MI:	LAST NAME:		
ADDRESS:	CITY:	STATE:	ZIP:	
TELEPHONE:		CELL PHONE:		
E-MAIL ADDRESS:				

EMPLOYMENT INFORMATION

POSITION APPLYING FOR:	POSTING NUMBER:
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Date Available for Work: _____

Minimum Salary Required (Yearly): _____

Are you available to work: Full-time Part-time Temporary

Have you ever been employed by Doña Ana County Yes No

Please indicate if under a different name: _____

Position Held: _____ Dates of Employment: _____

Do you have any relatives working for the County? Yes No
If yes, give name and relationship: _____

Are you eighteen (18) years of age or older? Yes No

Are you eligible to work in the United States? Yes No

Do you read, speak, and/or write in any language(s) other than English? Yes No
If you answered yes, please list the language(s) and your proficiency? _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER: It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, gender, marital status, disability, gender identity, sexual orientation or any other unlawful criteria, except where a reasonable Bona Fide Occupational Qualification exists.

Please complete this application in full. A resume may be attached to supplement, but not in lieu of requested information.

EDUCATION AND TRAINING					
EDUCATION: INDICATE THE HIGHEST LEVEL/DEGREE COMPLETED.		<input type="checkbox"/> GED <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> MASTERS		<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> DOCTORATE	
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?		<input type="checkbox"/> Yes <input type="checkbox"/> No		HIGHEST GRADE COMPLETED:	
COLLEGE, UNIVERSITY OR GRADUATE SCHOOL AND LOCATION		SEMESTER CREDIT HOURS	QUARTER CREDIT HOURS	TYPE OF DEGREE RECEIVED	DATE DEGREE CONFERRED
PRIMARY UNDER GRADUATE COLLEGE SUBJECTS	SEMESTER CREDIT HOURS	QUARTER CREDIT HOURS	PRIMARY GRADUATE COLLEGE SUBJECTS	SEMESTER CREDIT HOURS	QUARTER CREDIT HOURS
BUSINESS OR TECHNICAL SCHOOL AND LOCATION		CLASSROOM HOURS	COURSE WORK EMPHASIS	DATE DEGREE/CERTIFICATE CONFERRED	

In order to receive credit for education (diploma, GED, or degree), training, occupational/vocational license or certification, evidence of it in the form of copies of supporting documents must be attached or received no later than 5 p.m. on the closing date.

SPECIAL SKILLS

Driver's License

If the position for which you are applying requires a valid driver's license, please answer the following questions.

Do you have a valid driver's license Yes No If yes, what class: _____

DRIVER'S LICENSE #:	STATE:	EXPIRATION DATE:
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Check the type of vehicles you are licensed to operate:

PASSENGER CAR: <input type="checkbox"/>	COMMERCIAL MOTOR VEHICLE: <input type="checkbox"/>	CDL CLASS:
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Other Relevant Skills/Certifications

LIST ANY LICENSE(S) OR CERTIFICATION(S) YOU HOLD:	LICENSE, CERTIFICATION OR REGISTRATION NUMBER:	EXPIRATION DATE:

Indicate software in which you are proficient:

MS Word MS Outlook MS Excel PowerPoint Other: _____

Indicate equipment related to the position you are applying for that you are proficient in its operation:

EMPLOYMENT HISTORY

Begin with current or most recent position and provide your employment history for the preceding ten (10) years. For any unemployed or self-employed periods, show dates and location. Insert Supplemental Sheet(s), if necessary.

1	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:	REASON FOR LEAVING:	
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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2	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:	REASON FOR LEAVING:	
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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3	POSITION HELD:	FROM (Mo/YR)	To (Mo/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
		ZIP:	
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:	REASON FOR LEAVING:	
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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4	POSITION HELD:	FROM (Mo/YR)	To (Mo/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
		ZIP:	
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:	REASON FOR LEAVING:	
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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5	POSITION HELD:	FROM (Mo/YR)	To (Mo/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
			ZIP:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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6	POSITION HELD:	FROM (Mo/YR)	To (Mo/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
			ZIP:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:			

MAY WE CONTACT THIS EMPLOYER/SUPERVISOR? YES NO
 IF NO, PLEASE EXPLAIN:

FOR OFFICIAL USE ONLY	Years:	Months
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PERSONAL REFERENCES

Please fill in all the blanks. Do not use relatives.

NAME	YEARS KNOWN	TELEPHONE	ADDRESS

APPLICANT'S CERTIFICATION

I understand that any misrepresentation or omission or any material fact on this application may result in no offer of employment being made, or withdrawal of any offer of employment prior to my beginning work should I be selected. Furthermore, I understand that if I am employed, any misrepresentation or omission of any material fact on this application is sufficient cause for dismissal. I agree to conform to the rules, regulations, policies and procedures of Doña Ana County and I understand that these rules, regulations, policies and procedures may be changed by Doña Ana County at any time, with or without notice.

I agree that if I am hired by Doña Ana County that I will not divulge to any person or organization any confidential or proprietary information which I may obtain in the course of my employment, unless authorized in advance and in writing to do so by Doña Ana County.

I understand that this under Chapter 14, Article 2 NMSA 1978 (sect. 14-2-6), employment applications are considered public record and may be released upon request.

Date: _____ Applicant Signature: _____ Electronic Signature

I hereby authorize Doña Ana County to obtain any and all information regarding me, my work records, driving record and my character which it deems necessary to process my application for employment from all current or former employers and any other individual or organization named or referred to in this application. I release all references, previous employers, and schools from damages resulting from furnishing such information.

The execution of this release is voluntary. However, if Doña Ana County is unable to secure the requested information, I understand that my application for employment may not continue to be processed. I have read and understand the above statement.

Date: _____ Applicant Signature: _____ Electronic Signature

DRIVERS LICENSE RELEASE OF INFORMATION

I hereby authorize Doña Ana County to obtain a Drivers License Report from the state of issuance if the position I am applying for involves driving on County business. I further acknowledge receipt of the FCRA Disclosure Statement which follows this application form.

Date: _____ Applicant Signature: _____ Electronic Signature

COMMERCIAL DRIVERS LICENSE RELEASE OF INFORMATION

I hereby authorize all current or former employers and any other individual or organization names or referred to in this Application to provide Doña Ana County with all information.

I hereby authorize Doña Ana County to obtain any and all information regarding me, my work records, driving record and my character and applicable drug and alcohol test results for the previous two (2) years in accordance with applicable Department of Transportation regulations. I hereby release all such current or former employers, individuals, organizations and Doña Ana County from any liability for any claim or damage which may result from the release of such information. I further acknowledge receipt of the FCRA Disclosure Statement which follows this application form. I understand that a photocopy of this authorization shall be as valid as an original. I have read and understand the above statement.

Date: _____ Applicant Signature: _____ Electronic Signature

SUPPLEMENTAL SHEET

EMPLOYMENT HISTORY

1	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
	DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:		
	FOR OFFICIAL USE ONLY		Years:
			Months
2	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
	DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:		
	FOR OFFICIAL USE ONLY		Years:
			Months
3	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
	DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:		
	FOR OFFICIAL USE ONLY		Years:
			Months
4	POSITION HELD:	FROM (MO/YR)	TO (MO/YR)
	EMPLOYER'S NAME:	KIND OF BUSINESS:	PHONE:
	ADDRESS:	CITY:	STATE:
	HOURS/WEEK:	CHECK ONE: <input type="checkbox"/> FT <input type="checkbox"/> PT:	SALARY START:
			SALARY END:
	NAME OF SUPERVISOR:		REASON FOR LEAVING:
	DESCRIBE DUTIES AND SUPERVISORY EXPERIENCE:		
	FOR OFFICIAL USE ONLY		Years:
			Months