



# SANTA FE SOLID WASTE MANAGEMENT AGENCY

149 WILDLIFE WAY, SANTA FE, NEW MEXICO 87506-8342  
Phone: (505) 424-1850 Fax: (505) 424-1839 www.cajadelrio.com

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied For \_\_\_\_\_ Announcement No. \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) \_\_\_\_\_  
(Work or other) ( ) \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? Yes  No  If yes, explain and provide dates. \_\_\_\_\_

Have you ever used a different name for school or employment? If so, what name(s)? \_\_\_\_\_

Do you now work or have you previously worked for the SFSWMA?  
Yes  No  If yes, indicate dates: From \_\_\_\_ To \_\_\_\_

Does the SFSWMA employ any relative of yours or are you related to a City/County Official? Yes  No   
Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Are you eligible to work in the United States? Yes  No   
(If selected, proof of eligibility will be required)

Do you possess a valid Driver's License? Yes  No   
State \_\_\_\_ Class \_\_\_\_ License # \_\_\_\_\_

<b>Referral Source:</b>
<input type="checkbox"/> Website
<input type="checkbox"/> Advertisement
<input type="checkbox"/> Job Fair
<input type="checkbox"/> Friend or Relative
<input type="checkbox"/> Job Line
<input type="checkbox"/> Walk-in
<input type="checkbox"/> Other (Describe)

### FOR USE BY HUMAN RESOURCES OFFICER

Experience: \_\_\_\_\_

Education: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted  Rejected  Staff: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application using black ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications.

Copies of your application are acceptable. Each must be clear, have an original signature, correct job title and required attachments. Applications and attachments become official property of the SFSWMA and cannot be returned, reused or copied after being submitted in lieu of application.

**The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will NOT be processed.**

Carefully read the position recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED or college education is required, attach a copy of your diploma, degree or transcripts to EACH APPLICATION. You will not qualify for the position if you fail to attach the required proof of education.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Officer will review all applications to determine if the applicant meets the minimum qualifications. Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by phone. After interviews are conducted, applicants will be contacted by letter and informed of selection status.



**PROFESSIONAL REFERENCES (Not Relatives):** List only those you will permit us to contact.

Name	Address	Phone	Professional Relationship

**EXPERIENCE:** Please begin with your most recent experience in block 1.

May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?

Yes       No      If No, please indicate which employer(s) it applies to and why: \_\_\_\_\_

**NOTE:** Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

<b>1</b>	Employer's Name		Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)				
	Employer's Address	No. & Street/P.O. Box	City	State	Zip	Your Job Title					
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$					
If you supervised employees, please indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address								
DUTIES:											
REASONS FOR LEAVING OR WANTING TO LEAVE:							<table border="1"> <tr> <td colspan="2"><b>DO NOT WRITE IN THIS AREA</b></td> </tr> <tr> <td>YEARS</td> <td>MONTHS</td> </tr> </table>	<b>DO NOT WRITE IN THIS AREA</b>		YEARS	MONTHS
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YEARS	MONTHS										

<b>2</b>	Employer's Name		Kind of Business			From(Mo./Yr.)	To(Mo./Yr.)				
	Employer's Address	No. & Street/P.O. Box	City	State	Zip	Your Job Title					
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	START Mo. Pay \$	LAST Mo. Pay \$					
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**CONTINUATION of EMPLOYMENT RECORD**

Please enter number in box before "Employer's Name" for proper sequence.

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**EMPLOYMENT (Continued)**

<b>3</b>	Employer's Name	Kind of Business	From(Mo./Yr.)	To(Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State
			Zip	Your Job Title
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____	Hours per week
			START Mo. Pay	LAST Mo. Pay
			\$	\$
If you supervised employees, please indicate number & give dates			PLACE of employment (City & State) if different from employer's address	
No.	FROM (Mo./Yr.)	TO (Mo./Yr.)		
DUTIES:				
REASONS FOR LEAVING:				

<b>DO NOT WRITE IN THIS AREA</b>	
YEARS	MONTHS

<b>4</b>	Employer's Name	Kind of Business	From(Mo./Yr.)	To(Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State
			Zip	Your Job Title
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____	Hours per week
			START Mo. Pay	LAST Mo. Pay
			\$	\$
If you supervised employees, please indicate number & give dates			PLACE of employment (City & State) if different from employer's address	
No.	FROM (Mo./Yr.)	TO (Mo./Yr.)		
DUTIES:				
REASONS FOR LEAVING:				

<b>DO NOT WRITE IN THIS AREA</b>	
YEARS	MONTHS

**NOTE:** For additional experience blocks, please use continuation sheet.

**PLEASE READ BEFORE SIGNING**

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. 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 hereby authorize the SFSWMA to investigate the information contained herein and contact those previous employers I have approved. I release all references, 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date