



# SANTA FE SOLID WASTE MANAGEMENT AGENCY

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

## 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 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 # \_\_\_\_\_

Referral Source:  
Website  
 Advertisement  
 Job Fair  
 Friend or Relative  
 Job Line  
 Walk-in  
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.

**APPLICANT DATA RECORD:**

To help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, please fill out the Application Data Record. This is not required, but we appreciate your cooperation.

This data will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.

Name  
Address  
  
Phone ( )  
Position Applied For  
Date  
Referral Source:

- Advertisement
- Which One:
  - Friend or Relative
  - Job Line
  - Walk-in
  - Other (Describe)

Male  Female  
Birth date

Race/Ethnic Group: Check One:  
 White  Black  Hispanic  
 American Indian/Alaskan Native  
 Asian or Pacific Islander  
 Other

Do you have a disability?  
Yes  No

If Yes, describe briefly.

\_\_\_\_\_

**VETERAN STATUS**

Please complete the following if you are a veteran. (Check all that apply)

- Vietnam era veteran
- Other veteran
- Disabled veteran
- Active military (Reserves, etc.)

**EDUCATION:**

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

<input type="checkbox"/> Yes High School Diploma/GED Certificate? Name of school	
<input type="checkbox"/> Vocational/Technical	Hrs. completed
<b>UNDERGRADUATE</b>	<b>GRADUATE</b>
College or University	College or University
Major Field(s)	Major Field(s)
Hours Completed Semester:                      Quarter:	Hours Completed Semester:                      Quarter:
Degree(s) received:	Degree(s) received:
Date(s) received:	Date(s) received:

1. License/Certificate issued by			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

If you are applying for a position requiring typing, complete and sign the following.	
<b>TYPING PROFICIENCY SELF - CERTIFICATION</b>	
I hereby certify that I can type at the following speed:	
<input type="checkbox"/> Less than 30 words per minute. <input type="checkbox"/> 31 - 40 words per minute. <input type="checkbox"/> 41 - 50 words per minute. <input type="checkbox"/> 51 - 60 words per minute.	
Signature	Date

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:							DO NOT WRITE IN THIS AREA
							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 \$	
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:							DO NOT WRITE IN THIS AREA
							YEARS   MONTHS

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
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time	Hours per week Part-Time _____
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.)	START Mo. Pay \$	LAST Mo. Pay \$
DUTIES:				
REASONS FOR LEAVING:				DO NOT WRITE IN THIS AREA
				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
Supervisor's Name		Phone Number ( )	Check one <input type="checkbox"/> Full-Time	Hours per week Part-Time _____
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.)	START Mo. Pay \$	LAST Mo. Pay \$
DUTIES:				
REASONS FOR LEAVING:				DO NOT WRITE IN THIS AREA
				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