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SOUTHERN SANDOVAL COUNTY ARROYO FLOOD CONTROL AUTHORITY

1041 Commercial Dr. S.E. Rio Rancho NM 87124 (505) 892-7246 www.sscafca.org

APPLICATION FOR EMPLOYMENT Equal Opportunity / Reasonable Accommodation Employer

It is our policy to abide by all federal and state laws prohibiting employment discrimination. We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, spousal affiliation, gender identity, ancestry, serious medical condition, veteran status or other protected characteristic except where a reasonable Bona Fide Occupational Qualification exists.

APPLICATIONS MUST BE FILLED OUT COMPLETELY & RETURNED DIRECTLY TO THE SOUTHERN SANDOVAAL COUNTY ARROYO FLOOD CONTROL

AUTHORITY OFFICE OR BY EMAIL dgatterman@sscafca.com

(Please Print)

Position(s) Applied for (Please p	rovide Job Title)		Date of Application		
Last Name	Fi	irst Name	Mido	dle	
Mailing Address Number	Street	City	State		Zip
Telephone Number(s)		Email address:			
Have you ever had your Driver	's License revoked o	r suspended?		Yes	No
Do you possess a Commercial	Driver's License (CDL	.)?		Yes	No
State:	Class/Type:				
Are you eighteen (18) years of	age or older?			Yes	No
Are you authorized to work in	the United States?			Yes	No
Federal law requires that you must be a UUS. You will be required to provide docur				Service to w	ork in the
Have you been employed und	er any other name? .			Yes	No
If YES, please list:					
Are you receiving retirement pension from PERA?			Yes	No	
(PERA = New Mexico Public Emp	loyees Retirement Ass	ociation)			

Application must be completed in its entirety. Resumes may be attached as supplemental information but will not be accepted in lieu of a completed application. Indicating "See attached resume" in lieu of completing the Job Duties / Responsibilities section as required will cause your application to be rejected. Applications must be submitted directly to the Southern Sandoval County Arroyo Flood Control Authority by 5:00 p.m. on the advertised closing date .

EDUCATION AND TRAINING

Do you have a High School Diploma? Or a G.E.D Certificate?	Yes Yes	No No	Highest Grade Con	npleted
UNDERGRADUATE			GRADUATE	
College or University		College or U	Iniversity	
Major Field(s)		Major Field	(s)	
Hours Completed:		Hours Comp	oleted:	
Semester Quarter		Semester	Quart	er
Degree(s) received:		Degree(s) re	eceived:	
License/Certification Issued by:				
Field/Trade/Specialization:	License	:/Certificate #:	Issue Date:	Expire. Date:
n order to establish fulfillment of minimum job qualit of required licenses, certifications and registrations, nstitution to support listed education for which cons accordance with the immigration reform and control a	as well as an o sideration is req	fficial high school o	liploma, G.E.D certificate or tran	scripts from an accredite
of required licenses, certifications and registrations, institution to support listed education for which cons	as well as an o sideration is req act of 1986.	fficial high school c juested. Proof of eli	liploma, G.E.D certificate or tran	scripts from an accredite
of required licenses, certifications and registrations, institution to support listed education for which considered with the immigration reform and control and c	as well as an o sideration is req act of 1986.	fficial high school c juested. Proof of eli	liploma, G.E.D certificate or tran	scripts from an accredite
of required licenses, certifications and registrations, institution to support listed education for which considered with the immigration reform and control and c	as well as an o sideration is req act of 1986.	fficial high school c juested. Proof of eli	liploma, G.E.D certificate or tran	scripts from an accredite
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of required licenses, certifications and registrations, institution to support listed education for which considered with the immigration reform and control and c	as well as an o sideration is req act of 1986.	fficial high school c juested. Proof of eli	liploma, G.E.D certificate or tran	scripts from an accredite

EMPLOYMENT EXPERIENCE

Start with your present or last position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

1. Present or Last Position Held	Job Title		
Employer	Dates Employed		
	From (Month & Year)	To (Month &Year)	
Address			
	Full Time Pa	rt time	
	T dil Tillic	time	
	If Part time, provide hours p		
Telephone Number(s)		Rate/Salary	
	Starting	Final	
Supervisor's Name:			
Did you supervise? YES NO	How Long? years	s months	
Employees Supervised (number and type: clerical, professional., technical, t	temporary):		
	Type(s) of projects (IT, cons	truction other):	
Do you have Project Management Experience? YES NO	Type(s) of projects (if, tolls	indiction, other).	
What was your reason for leaving?			
,			
Job Duties / Responsibilities			

EMPLOYMENT EXPERIENCE (Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

2. Position Held	Job Title		
Employer	Dates Employed		
	From (Month & Year)	To (Month &Year)	
Address			
	Full Time Pa	rt time	
	If Part time, provide hours p	er week worked:	
Telephone Number(s)	Hourly	Rate/Salary	
	Starting	Final	
Supervisor's Name:			
Did you supervise? YES NO	How Long? year	s months	
Employees Supervised (number and type: clerical, professional., technical,	temporary):		
	Type(s) of projects (IT, cor	struction, other):	
Do you have Project Management Experience? YES No			
What was your reason for leaving?			
Job Duties / Responsibilities			

EMPLOYMENT EXPERIENCE

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

Employer From (Month & Year) To (Month & Year)	3. Position Held	Job Title:		
Address Full Time Full Time Part time If Part time, provide hours per week worked: Telephone Number(s) Telephone Number(s) Starting Final Did you supervise? YES NO How Long? years months Employees Supervised (number and type: clerical, professional., technical, temporary): Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?				
Full Time Part time If Part time, provide hours per week worked: Telephone Number(s) Hourly Rate/Salary Starting Final Supervisor's Name: Did you supervise? YES NO How Long? years months Employees Supervised (number and type: clerical, professional., technical, temporary): Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?		From (Month & Year)	To (Month &Year)	
If Part time, provide hours per week worked: Telephone Number(s)	Address			
If Part time, provide hours per week worked: Hourly Rate/Salary		Full Time Pa	art time	
Telephone Number(s) Starting Starting Final Supervisor's Name: Did you supervise? YES NO How Long? years months Employees Supervised (number and type: clerical, professional., technical, temporary): Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?				
Supervisor's Name: Did you supervise? YES NO How Long? years months Employees Supervised (number and type: clerical, professional., technical, temporary): Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?	Tolophono Number(s)			
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Employees Supervised (number and type: clerical, professional., technical, temporary): Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?	<u> </u>			
Type(s) of projects (IT, construction, other): Do you have Project Management Experience? YES NO What was your reason for leaving?	Did you supervise? YES NO	How Long?	ears months	
Do you have Project Management Experience? YES NO What was your reason for leaving?	Employees Supervised (number and type: clerical, professional., technical,	temporary):		
What was your reason for leaving?		Type(s) of projects (IT, co	nstruction, other):	
	Do you have Project Management Experience? YES NO			
	What was your reason for leaving?			
Job Duties / Responsibilities	,			
	Job Duties / Responsibilities			

EMPLOYMENT EXPERIENCE (Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

4. Position Held	Job Title:	
Employer	Dates Employed	
	From (Month & Year)	To (Month &Year)
Address		
	Full Time Pa	art time
	ruii iiiile Pa	art time
	If Part time, provide hours	
Telephone Number(s)		Rate/Salary
	Starting	Final
Supervisor's Name:		
Did you supervise? YES NO	How Long? yea	ars months
Employees Supervised (number and type: clerical, professional., technical,	temporary):	
	Type(s) of projects (IT, cor	struction, other):
Do you have Project Management Experience? YES NO		
What was your reason for leaving?		
Job Duties / Responsibilities		

EMPLOYMENT EXPERIENCE

(Continued)

Describe a previous position held. Please provide all information requested and a thorough description of job duties and responsibilities. This will assist Human Resources in determining your qualifications for the job for which you are applying.

5. Position Held	Job Title		
Employer	Dates Employed		
	From (Month & Year)	To (Month &Year)	
Address			
	Full Time P	art time	
	If Part time, provide hours	per week worked:	
Telephone Number(s)	Hourl	y Rate/Salary	
	Starting	Final	
Supervisor's Name			
Did you supervise? YES NO	How Long? yea	ars months	
Employees Supervised (number and type: clerical, professional., technical,	temporary):		
	Type(s) of projects (IT, cons	truction, other):	
Do you have Project Management Experience? YES NO			
What was your reason for leaving?			
Job Duties / Responsibilities			

List professional,	trade, business or	civic organization	ns and activ	ities and of	fices held.	
	A	ADDITIONAL IN	FORMATI	ION		
SPECIALIZED SKIL	LS			(СНЕ	CK SKILLS/EQUIPMENT	OPERATED)
Computer	Fax Machine	Multi-line Phone	System		Data Entry	Spreadsheet
Excel	Internet	Access	Microso	ft Word	Power Point	Word Perfect
GIS	GPS	Web Design	Other			
Tractor/Trailer	Compactor	Grader	Loader		Tandem Truck	Skid Steer
JOB RELATED SKI	LLS					
Check the appropriat	te boxes if you	SPEAK	READ	WRITE		
SPANISH						
NAVAJO	NALECT					
AMERICAN INDIAN D	_					
OTHER					Which Dialect?	
State any addition	onal information y	ou feel may be h	elpful to us	in conside	ring your application	on.
This application		ROFESSIONAL /			S use friends or relative	os as roforonsos
This application i	must be filled out	сотрієтету інстии	ing rejeren	Les. Do not t	ise jrienas or relative	es as rejerences.
1.						
Name					Phone # _	
Address						
2.						
					Phone #	
					-	
Address						
3.						
Name					Phone #	
Address						
Address						

Southern Sandoval County Arroyo Flood Control Authority

APPLICANT'S CERTIFICATION & ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN & SUBMIT APPLICATION.

I hereby certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that knowingly making a false statement or omission in this application or in any supplemental information or document I submit for consideration may be deemed sufficient cause for rejection of this application or dismissal after employment.

I understand that all job offers are contingent upon satisfactory completion of any and all pre-employment testing or screening, which Southern Sandoval County Arroyo Flood Control Authority may require, including reference and background checks, medical examinations, physical agility tests and alcohol and drug screening.

I understand that, if hired, I will be required to provide documented proof of authorization to work in the United States through completion of a Form I-9 as required by federal law, as well as proof of required licenses, certifications, registrations and transcripts to support listed education, licensure or certification for which consideration is requested to establish fulfillment of minimum job qualifications.

If I am employed by Southern Sandoval County Arroyo Flood Control Authority, I agree to comply with all applicable federal, state and County rules, regulations, policies and procedures now in existence or later adopted. I understand that rules, regulations, policies and procedures may be amended at any time, with or without notice, and with or without negotiation (except as otherwise provided by a collective bargaining agreement, if applicable). I understand that I must immediately disclose any conflict or potential conflict of interest to by Southern Sandoval County Arroyo Flood Control Authority when such conflict arises.

I understand and agree that, if hired into a classified position, I am required to serve a trial probationary period of three hundred sixty five (365) calendar days during which I will be an "at will" employee and subject to termination for any or no reason, at any time, and with or without notice as deemed by the County to be in its best interests, as long as it is not for any reason prohibited by law. Notwithstanding the expiration of three hundred sixty five (365) days.

I understand that Southern Sandoval County Arroyo Flood Control Authority makes no promise of permanent or continued employment. I understand that all positions are subject to elimination through the budget process, and I further understand that if I become a classified employee I am subject to disciplinary action up to and including dismissal for violations of Federal, State and Southern Sandoval County Arroyo Flood Control Authority rules and regulations currently in force at the time.

I understand and agree that if I am hired into an unclassified I will be an "at-will" employee and as such, will be subject to termination for any or no reason, at any time, and with or without notice as deemed by the County to be in its best interests, as long as it is not for any reason prohibited by law.

I understand that no interviewer, hiring supervisor, human resources employee or other representative of Southern Sandoval County Flood Control Authority other than the has any authority to promise specific compensation or condition of employment or enter into any agreement for employment for any specified period of time..

By my signature below, I hereby certify my application for employment and acknowledge my understanding and acceptance of the conditions of employment stated above.

Signature	Date
Full Name (Please Print)	

Southern Sandoval County Arroyo Flood Control Authority

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Southern Sandoval County Arroyo Flood Control Authority to calidate / authenticate my work record, driving record, educational records, criminal professional references, as it deems necessary to process my application for employm Arroyo Flood Control Authority to obtain information necessary for consideration current or former employers and/or listed individuals or organizations.	background and personal and/or ent. I authorize Southern Sandoval County
I understand that the information released is for official use by Southern Sandoval Coun it is utilized only in determining my suitability for employment.	ty Arroyo Flood Control Authority and that
I understand that the execution of this release is voluntary. However, if Southern Sando is unable to secure the requested information, I understand that my application for emp	
I have read and understand the above statement.	
Signature	Date
Full Name(Print)	
Position(s) Applied for:	_

Southern Sandoval County Flood Control Authority

CERTIFICATION OF VETERAN'S STATUS

TO RECOGNIZE VETERAN STATUS THIS FORM MUST ACCOMPANY YOUR JOB APPLICATION

The purpose of this form is to allow job applicants the opportunity to identify themselves as veterans and certify their status as a veteran who has an honorable discharge from the military, or to verify that they are a member of the National Guard or Reserve who has successfully completed basic training.

A veteran who has certified/verified their status, AND is determined by Southern Sandoval County Flood Control Authority to meet or exceed the Minimum Qualifications as identified in the position for which the applicant has applied, shall be identified as a qualified veteran on the hiring list. If there are more than four qualified veteran applicants for a position, a minimum of four veterans shall be interviewed.

NAME (Please print): ____

ADDRESS:		PHONE:		
EMAIL:		PHONE:		
I AM APPLYING FOR (Posi	ion Title):			
PLEASE COMPLETE TH	E FOLLOWING:			
1. Have you ever se	rved in the United States Military, Nation	nal Guard or Reserve?	YES	NO
2. Did you receive a	n honorable discharge?		YES	NO
Are you a member Completed basic	er of the National Guard or Reserve who training?	has successfully	YES	NO
Reserve enlistmer	our DD214 or DD215 Form and/or proof it to certify your veteran status olication clearly indicates your military ex		responsibilities	
which he/she applies. Ve meet or exceed the Mini	ty Arroyo Flood Control Authority does reterans will be given an interview pursual mum Qualifications of the position as identify if you have any questions.	nt to the conditions stated above for	positions for which	they
Signature		Date		

Job Post #	
Hire Date:	
Term:	

Southern Sandoval County Flood Control Authority

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Southern Sandoval County Flood Control Authority provides equal employment opportunity to all employees and applicants for employment without regard without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic in accordance with applicable State and Federal law.

Southern Sandoval County Flood Control Authority is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites applicants and employees to voluntarily self-identify their race/ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment**. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

If an employee declines to self identify race/ethnicity, the federal government requires Employers to determine this information by relying on visual identification and/or other available post-employment records.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the categories identified below; data will not identify any specific individual. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

THIS FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Last Name:		First Name	Middle Name
Position(s) for v	which you are applying		
Gender:	Female	Male	
What is your ra	ace/ethnicity? Please n	ark the one box that describes the race,	ethnicity category with which you primarily identify.
Hispan of race	•	Cuban, Mexican, Puerto Rican, South or Cent	tral American, or other Spanish culture or origin regardless
If you did not	check "Hispanic or La	ino" above, please select one of the cate	egories below:

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

American Indian or Alaska Native (Not Hispanic or Latino). A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Decline self-identification.