



**VALENCIA REGIONAL EMERGENCY COMMUNICATIONS CENTER (VRECC)**

# APPLICATION FOR EMPLOYMENT

123 Don Pasqual RD NW • Los Lunas, NM 87031 • Phone (505) 865-9130 • Fax (505) 352-3586 • Shirley Valdez, 911 Director  
**(Please Print)**

***We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.***

Position(s) applied for		Date of Application	
How did you learn about us?			
Advertisement	Relative	Inquiry	
Employment Agency	Friend	Other _____	
Last Name		First Name	Middle Name
Address <i>Number Street</i>	City		State
			Zip Code
Telephone Number(s)		Social Security Number	

Best time to contact you at home is:		_____ AM	
		_____ PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes	No
Have you ever filed an application with us before?		Yes	No
If Yes, give date _____			
Have you ever been employed with us before?		Yes	No
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?			
Are you currently employed?		Yes	No
May we contact your present employer?		Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?		Yes	No
<i>Proof of citizenship or immigration status will be required upon employment</i>			
Date available for work _____ What is your desired salary range? _____		Yes	No
Are you available to work:			
Full-Time	Part-Time	Temporary	
(please indicate 1 2 3 shift)	(please indicate morning afternoon evening)	(please indicate dates available)	
		_____ to _____	
Are you currently on "lay-off" status and subject to recall?			
		Yes	No
Can you travel if a job requires it?			
		Yes	No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Additional Applicant Information

Applicant Name	Date of Birth	Driver's License No.	State
Height	Weight	Hair Color	Eye Color

## Current Mailing Address

Address <i>Number Street</i>	City	State	Zip Code
------------------------------	------	-------	----------

## Current Physical Address

Address <i>Number Street</i>	City	State	Zip Code
------------------------------	------	-------	----------

If you have resided at the current physical address less than two years, list the previous addresses where you resided prior to your present address within the last 2 years:

Address <i>Number Street</i>	City	State	Zip Code
Address <i>Number Street</i>	City	State	Zip Code
Address <i>Number Street</i>	City	State	Zip Code
Address <i>Number Street</i>	City	State	Zip Code

Have you ever been convicted of a felony?

Yes No

If yes, please explain:

Have you ever been convicted of a misdemeanor?

Yes No

If yes, please explain:

# Education

	Name and Address of School	Course of Study	# of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship skills and extra-curricular activities.

Describe any job-related training received in the United States military.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		To	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## Specialized Skills

(Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
<input type="checkbox"/> WPM _____	<input type="checkbox"/> WPM _____		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes      No

## References

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

# Authorization for Release of Information

I, the undersigned, hereby certify that i understand and agree that a thorough investigation will be conducted into my background to determine my qualifications and ability to serve as an employee with the Valencia Regional Emergency Communications Center, Los Lunas, New Mexico.

\_\_\_\_\_ Initial

I further understand and agree that this information is confidential and the Valencia Regional Communications Center cannot reveal or release anything to me that is discovered during the course of this investigation, or cannot reveal to me the reason(s) for my disqualification for employment with the center.

\_\_\_\_\_ Initial

I hereby agree to indemnify and hold harmless the Village of Los Lunas and Valencia Regional Emergency Communications Center and any employees or agents against liability, damage, and/or charge as a result of this investigation. I further agree to release from liability, damage, and/or charge any person, company, corporation, or other government agency, which may supply information to the Valencia Regional Communications Center concerning my background.

\_\_\_\_\_ Initial

I voluntarily give the Valencia Regional Communications Center the right to conduct a thorough investigation into my background and authorize and consent to the release of any and all information pertaining to my current and past employment, personal history, academic records, military records, credit history, and any other records or information deemed necessary to the investigation of my background, whether of a confidential nature or not.

\_\_\_\_\_ Initial

Name (Print)	Date of Birth	Social Security No.	Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_

# Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby and understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open  Yes  No

Position(s) Considered For \_\_\_\_\_  
\_\_\_\_\_  
DATE

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
INTERVIEWER DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE