



Los Alamos County

1000 Central Avenue, Suite 230
 Los Alamos, NM 87544
 (505)662-8040
 FAX (505)662-8000
 jobs@lacnm.us
 www.losalamosnm.us

For Use by Human Resources	
Qual	_____
Not Qual	_____
Educ	_____
Exp	_____
Other	_____

APPLICATION FOR EMPLOYMENT

The Incorporated County of Los Alamos does not discriminate on the basis of race, color, religion, sex, age, national origin, sexual orientation or gender identity, disability, genetic information, or veteran status in the employment or the provisions of service.

Date of application _____ Announcement # _____
 Position applied for _____

PERSONAL INFORMATION

Name _____
 Address _____
 Mailing Address _____
 City, State , ZIP _____
 Phone _____ Other _____
 Email address _____
 Have you ever used a different name for school or employment? If yes, please list.

Does Los Alamos County employ any relative of yours?
 If yes, list name and relationship. Yes No

Have you ever been employed by Los Alamos County?
 If yes, list date separated or state "present employee". Yes No

Are you retired under the New Mexico Public Employee
 Retirement Association (PERA)? Yes No
 If yes, give date of retirement.

Are you 16 years of age or older? Yes No

Are you prevented from lawfully becoming employed in
 this country? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Do you possess a valid Driver's License? Yes No
 State _____ Type _____

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

Resumes may be attached but will not be used to determine qualification for a position.

INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.
 Page 2 of this application **must** be signed to be considered for employment.

- INSTRUCTIONS**
1. Each position you are interested in requires a separate application.
 2. Completed applications are the only source used for qualification.
 3. Read the recruitment announcement for the position you are seeking. Note the skills and knowledge required. Complete each experience block describing your work, military or volunteer experience related to this position. Be sure you state how each meets the minimum qualifications detailed in the announcement. Your ability to qualify for a position depends on your description of previous experience and its relevance to the position you are seeking.
 4. Type or print neatly in dark ink.
 5. If you need more space for an answer, attach a sheet of paper and include all information requested on the application.
 6. List relevant certifications on page 2 of this application.
 7. Review your application before you submit it to HR. Make sure all information is complete and accurate.
 8. A signature is required on page 2 to qualify.
 9. Completing the Self-Identification forms and Applicant Data record is optional.

THE SELECTION PROCESS
 Upon the close of the recruitment period, Human Resources will review all applications received to ascertain which applicants meet the minimum qualifications for the position. The qualified applications are delivered to the hiring official(s) for selection of interviewees. The County will contact those selected to interview. After all interviews have been completed and an applicant has been offered and accepted the position, applicants not selected will be contacted and notified that the position has been filled.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify HR at (505)662-8040 at the time of application.

Name

Position applied for

READ THE STATEMENT BELOW. YOU MUST SIGN AND DATE IN THE SPACE PROVIDED BELOW OR YOUR APPLICATION WILL BE DISQUALIFIED FROM ALL CONSIDERATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT A SIGNATURE OCCURS.

I certify that the information I am providing in this application is correct and complete to the best of my knowledge and belief. I understand that if I fail to explain how I meet the minimum qualifications, my application may be disqualified and I understand that this includes, but is not limited to, failure to provide necessary education information, job duties and/or certifications. 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 Los Alamos County to investigate the information contained herein and contact those current and previous employers I have approved. I release all references, current and 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. I understand that if hired, Los Alamos County will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from each new employee's Form I-9 to confirm work authorization.



_____ Applicant Signature

_____ Date

On what date would you be available for work?

Which of the following are you available to work? Mark all that apply.

Full-time

Part-time

Shift Work

Temporary

Casual

EDUCATION

YES	High School Graduate/GED Certificate
NO	If no, indicate highest grade completed:

Have you attended a Vocational/Technical/Business School? If yes, please complete the information below.

Name of school:	Area of study:	Credits completed:
Certificate received:		
Name of school:	Area of study:	Credits completed:
Certificate received:		
Name of school:	Area of study:	Credits completed:
Certificate received:		

Have you attended a college or university? If yes, please complete the information below in the format provided in the example.

EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE--EXAMPLE			
Name of school:	NMSU	Area of study: Biology, Math	Credits completed: 136
Degree received:	BS in Biology		Year degree received: 1983
Name of school:		Area of study:	Credits completed:
Degree received:			Year degree received:
Name of school:		Area of study:	Credits completed:
Degree received:			Year degree received:
Name of school:		Area of study:	Credits completed:
Degree received:			Year degree received:

Attach additional pages if more space is needed. Be sure to include the information asked for in the spaces above.

Name

Position applied for

LICENSES/CERTIFICATIONS

Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Issued by:
	Exp Date:
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Issued by:
	Exp Date:
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Issued by:
	Exp Date:
Name of License or Field/Trade/Specialization:	License/Cert#:
Issue Date:	Issued by:
	Exp Date:

POLICE OFFICER/CORPORAL AND DETENTION OFFICER APPLICANTS MUST COMPLETE THIS SECTION

Are you age 21 or older?	Yes	No
Will you submit to a full background investigation and FBI fingerprint check?	Yes	No
Are you a United States Citizen? (Police applicants only)	Yes	No

FIRE CADET AND FIREFIGHTER APPLICANTS MUST COMPLETE THIS SECTION

Are you age 18 or older?

Will you submit to a full background investigation ?

Are you a United State Citizen?

Have you ever been granted a US Government security clearance?

If yes, give name of employer and date clearance was last active.

Have you ever had a security clearance suspended, denied or revoked?

If yes, give name of employer, date of occurrence, and an explanation of the circumstances. Attach a separate sheet if needed.

List any additional information that may be helpful in considering your application. This is not to replace employment history.

REFERENCES

You must list three professional references who we may contact and who are able to evaluate your job related knowledge and abilities. Please include at least one supervisor (past or present) who we may contact, if applicable.

	1	2	3
Name			
Title			
Company			
Phone			

Name

Position applied for

EMPLOYMENT HISTORY

Please complete each section entirely. List all work experience, paid or unpaid, including military or volunteer experience.

A resume may not be substituted for employment history.

1	Employer		Type of Business		Job Title	
	Employer Address (include city and state)				Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title		Starting Pay		Final Pay
From		To				
May we contact this employer?		Yes		No		Reason for Leaving
If you supervised employees, please indicate number and give dates.				Check one		Full-time
No.		From (MM/YYYY)		To (MM/YYYY)		Part-time
				Hours/wk:		
Duties/Responsibilities						
Do not write in this area						
		Years		Months		

2	Employer		Type of Business		Job Title	
	Employer Address (include city and state)				Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title		Starting Pay		Final Pay
From		To				
May we contact this employer?		Yes		No		Reason for Leaving
If you supervised employees, please indicate number and give dates.				Check one		Full-time
No.		From (MM/YYYY)		To (MM/YYYY)		Part-time
				Hours/wk:		
Duties/Responsibilities						
Do not write in this area						
		Years		Months		

Name

Position applied for

EMPLOYMENT HISTORY (continued)

3	Employer		Type of Business		Job Title	
	Employer Address (include city and state)				Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title		Starting Pay		Final Pay
From		To				
May we contact this employer?		Yes		No		Reason for Leaving
If you supervised employees, please indicate number and give dates.				Check one		Full-time
No.		From (MM/YYYY)		To (MM/YYYY)		Part-time
				Hours/wk:		
Duties/Responsibilities						
Do not write in this area						
		Years		Months		

4	Employer		Type of Business		Job Title	
	Employer Address (include city and state)				Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title		Starting Pay		Final Pay
From		To				
May we contact this employer?		Yes		No		Reason for Leaving
If you supervised employees, please indicate number and give dates.				Check one		Full-time
No.		From (MM/YYYY)		To (MM/YYYY)		Part-time
				Hours/wk:		
Duties/Responsibilities						
Do not write in this area						
		Years		Months		

Name

Position applied for

EMPLOYMENT HISTORY (continued)

5	Employer		Type of Business		Job Title	
	Employer Address (include city and state)				Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title		Starting Pay		Final Pay
From		To				
May we contact this employer?		Yes		No		Reason for Leaving
If you supervised employees, please indicate number and give dates.				Check one		Full-time
No.		From (MM/YYYY)		To (MM/YYYY)		Part-time
				Hours/wk:		
Duties/Responsibilities						
Do not write in this area						
		Years		Months		

Attach additional pages if more space is needed. Be sure to include all the information requested in the relevant sections. Please take a moment to review your application for accuracy and completeness. It is the responsibility of the applicant to ensure that the application is complete. Incomplete applications may be disqualified from the recruitment process.

FOR EMPLOYER USE ONLY

R T C LT

Job Title _____ Grade / Step _____ Salary _____

APPROVALS

Department Director _____ Date _____

HR Manager _____ Date _____

CM/Utility Manager _____ Date _____

Offer accepted? Yes _____ No _____ Start date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

SELF-IDENTIFICATION FORM: APPLICATION PROCESS

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008, the Incorporated County of Los Alamos ("the County") invites you to identify any physical or mental disability which would preclude you from participating fully in the employee selection process.

The County is fully committed to complying with the requirements of the Acts set forth above. In this regard, the County will provide reasonable accommodations to applicants who require them in order to fully participate in the employment selection process. The County has established certain safeguards to ensure that discrimination does not occur on the basis of disability. The County's Policies and Procedures address the reasonable accommodation process. If an individual is not satisfied with that process, the Human Resources Manager is available to address the concerns of the individual with a disability.

Individuals with disabilities are not required to self-identify at any time. However, the County is only required to accommodate known disabilities. The County is not required to search medical or personnel files in order to determine the existence of a disability.

The information you provide on this form is confidential and will not become part of your personnel file. This information will be maintained in a separate file. Please attach supporting documentation.

Type of disability you wish to identify:

Reasonable accommodation which would allow you to participate in the employment application process:

Signature

Printed Name

Date

APPLICANT DATA RECORD

The County is required by federal law to maintain records as part of its affirmative action program. Please answer the appropriate questions below. Please be aware that you are not obligated to complete this portion of the form and that any information you do voluntarily provide will be maintained in a separate confidential file and will not be provided to the hiring department or be used for or have any effect on any hiring decisions.

Date of application	Announcement #	Gender	Male	Female
Position applied for		Are you a veteran in one of the following categories?		
Name		Disabled Veteran		
		Armed Forces Service Medal Veteran		
		Recently Separated Veteran		
Address		Other Protected Veteran		
	City, State, ZIP	None of the above		
Ethnicity	Hispanic or Latino	Not Hispanic or Latino		
Race (check all that apply)	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander		
	Asian	White		
	Black or African American			

REFERRAL SOURCE (check all that apply)

Knowing where an applicant learned about a job vacancy helps us to advertise openings with the most useful sources and ensures that advertising dollars are being spent wisely. Please indicate all sources where you saw or heard of the position which you are seeking.

Los Alamos Monitor	LA County website	Internal posting
LA Daily Post	Professional publication or website	Walk-in
Rio Grande Sun		Friend or relative
Other newspaper	Social Media (Facebook, Twitter, LinkedIn, etc.)	Other
	Other website	