

MIDDLE RIO GRANDE CONSERVANCY DISTRICT (MRGCD)



EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. The MRGCD provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of the MRGCD are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the MRGCD's elected officials. Each employee is expected to conduct himself / herself in a manner which reflects favorably upon the MRGCD and recognize that our employees are subject to additional public scrutiny in their public and personal lives. To be considered for employment with the MRGCD, all applicants must fully complete an employment application, regardless of whether the applicant also submits his or her resume.

PLEASE PRINT IN INK

NAME <small>(As it appears on Social Security Card / Work Permit Card)</small>	Last First M.I.		
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE		E-MAIL	
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	\$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THE MIDDLE RIO GRANDE CONSERVANCY DISTRICT? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT: SUPERVISOR: REASON FOR LEAVING:			
ARE YOU RECEIVING A PERA (NEW MEXICO PUBLIC EMPLOYEES RETIREMENT ASSOCIATION) PENSION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
DO YOU PRESENTLY HAVE RELATIVES WORKING FOR THE MRGCD? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, NAME OF RELATIVE AND RELATIONSHIP.			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE		IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

Dates Served: From: _____ To: _____

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) <small>Exclude memberships that indicate your race, religion, national origin, color, ancestry, sex, age, disability or veteran status</small>	NAME	DATE	NAME	DATE	

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that does not pertain to pregnancy, childcare, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

PROFESSIONAL REFERENCES

<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>DAYTIME PHONE _____</p> <p>RELATIONSHIP _____ (No Relatives)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>DAYTIME PHONE _____</p> <p>RELATIONSHIP _____ (No Relatives)</p>
<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>DAYTIME PHONE _____</p> <p>RELATIONSHIP _____ (No Relatives)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>DAYTIME PHONE _____</p> <p>RELATIONSHIP _____ (No Relatives)</p>

AUTHORIZATION AND AGREEMENT

I understand, as part of the Middle Rio Grande Conservancy District's employment procedure, a routine background inquiry may be made which will provide applicable information concerning my education, military records, my prior employment history and performance, as well as character and any criminal records.

I hereby give the Middle Rio Grande Conservancy District the right to make a thorough background investigation of my past employment, education, references, license status, if applicable, and past activities. I release from all liability all persons, companies, corporations and entities supplying such information, and I also release the Middle Rio Grande Conservancy District and any of its employees, agents, and representatives from any and all liability as a result of any inquiries made by the Middle Rio Grande Conservancy District while conducting this investigation.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any employment offer, contingent or otherwise, if that should occur, is intended to create an employment contract between the Middle Rio Grande Conservancy District and myself for either employment or for providing of any benefit. No promises or representations regarding employment have been made to me and I understand that no such promise, representation or guarantee, whenever made, whether written or oral, is binding upon the Middle Rio Grande Conservancy District unless made in writing by the Chief Engineer of the Middle Rio Grande Conservancy District. Further, I understand and agree that no document, communication, or publication issued by the Middle Rio Grande Conservancy District should be understood as, or construed as, extending such a representation.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe these Acts cover them are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Director of Human Resources.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitute valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. Any changes to this employment application will not be valid unless signed by me and a duly authorized representative of the Middle Rio Grande Conservancy District.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____



Middle Rio Grande Conservancy District EEO Questionnaire

The Middle Rio Grande Conservancy District is an Equal Opportunity Employer and does not discriminate against any individual on the basis of race, religion, color, sex, national origin, age, physical or mental handicap, or veteran status. We invite you to complete the following information to assist us in complying with Federal record-keeping requirements. Your responses shall remain confidential, be kept separate from your application and shall in no way affect a decision regarding your employment.

Name: _____

Position Applied For: _____ Date of Application: _____ Male Female

Veteran Status (skip this section if you have no U.S. military services)

- Non-Vietnam Era Veteran**
- Vietnam-Era Veteran** – A person who served on active duty for a period of more than 180 days. Any part of which occurred between August 5, 1964 and May 7, 1975
- Disabled Veteran** – A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Race/Ethnic Identification

- White** – Defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic** – Defined as a person of Mexican, Cuban, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- Black or African American** – Defined as a person having origins in any of the Black racial groups of Africa.
- American Indian or Alaskan native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Other Pacific Islander** – Defined as person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** – Defined as 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** – Defined as all persons who identify with more than one of the above five races.

Handicapped

Do you have (1) a physical or mental impairment that substantially limits one or more major life activities, (2) a record of such impairment or (3) are you regarded as having such an impairment?

Yes No

Describe the nature of your handicap or disability

Identify the accommodation MRGCD could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, alteration of certain duties relating to the job, or other accommodations.

Signature*

Date

*Electronic signatures will be accepted for the purpose of pre-hire EEO information