



# EMPLOYMENT APPLICATION



Estancia Valley Solid Waste Authority is an Equal Opportunity Employer and will provide a reasonable accommodation for any applicant making such a request for the employment application or interview process.

Please Print

Date Submitted (MM/DD/YYYY)	How did you hear about us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Government Agency <input type="checkbox"/> Private Agency <input type="checkbox"/> Other		
Position(s) Applying For			
Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Hrs/Week) _____ <input type="checkbox"/> Temp (Hrs/Week) _____		Can you meet attendance requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Last Name	First Name	Middle Name	
Street Address (No PO Box)		City	State Zip
Home Telephone Number	Mobile/Other Telephone Number	Best Times to Call Me	Best Number to Call <input type="checkbox"/> Home <input type="checkbox"/> Mobile/Other
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date available for employment? (MM/DD/YYYY)	If you are under 18, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any DUI offenses in last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Any criminal convictions in last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please explain (circumstances of each instance will be considered in relation to the position being applied for)		

List the last three schools you attended:

School Name, City, State	# Years Completed	Degree/Diploma Received

**Skills/Qualifications:** Summarize special training, skills, licenses, other certificates or other information you want us to consider.

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## EMPLOYMENT HISTORY

Provide the information requested below for all of your past and current employment or volunteer activities during the past 10 years. Start with your most recent job or volunteer position. Print and use additional sheets if needed. Please explain all gaps in employment in the Additional Information section at the bottom of the page.

Start Date (MM/YY)	Employer Name	Telephone	Starting Pay \$ _____ per
End Date (MM/YY)	Employer Address		Ending Pay \$ _____ per
Your Job Title		Your Supervisor's Name & Job Title	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed & Job Responsibilities			
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Other		Explain Reason/Circumstances for Leaving	

Start Date (MM/YY)	Employer Name	Telephone	Starting Pay \$ _____ per
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Your Job Title		Your Supervisor's Name & Job Title	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Work Performed & Job Responsibilities			
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Other		Explain Reason/Circumstances for Leaving	

**Additional Information** (include explanations for all gaps in employment):

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**Personal References** (list the name and telephone number of at least three people with whom you have had a business or work relationship and who are not related to you and are not previous supervisors. You may list educational or personal references if you do not have three business or work related references.)

Name	Telephone Number(s)	Years Known

#### CONDITIONS FOR ACCEPTANCE OF EMPLOYMENT APPLICATION

I authorize Estancia Valley Solid Waste Authority (EVSWA) and its representatives to contact and obtain information from all personal references and educational institutions I have listed and to contact employers for which I have provided authorization to contact. I further authorize all such personal references, educational institutions, employers and their representatives to provide information regarding my qualification for employment.

I understand that this application will only be considered and kept on file for a period of 60 days from the date I submit this application. In the event that I do not receive any notice from EVSWA regarding this application, I understand that I will have to complete a new employment application to again be considered for employment.

I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the company may terminate my employment at any time with or without cause, unless otherwise prohibited by law. I further understand that no one other than the EVSWA Board of Directors has the authority to enter into an express employment contract or agreement with me.

I understand that EVSWA will not refuse to employ a qualified individual with a disability because of the qualified individual's need for a reasonable accommodation as required by federal or New Mexico law.

I further understand that if I am hired I will be required to provide proof of identity, a valid Social Security Number, and documents required by law to demonstrate that I am legally authorized to work in the United States. If I am under the age of 18, I also understand that I will be required to provide a work permit.

I certify that the information on this application is correct. I understand that any false statement or misrepresentation of information provided or omission of any information required by this application will result in my being disqualified from consideration for employment or, if employed, my discharge no matter when discovered.

I have read and fully understand the conditions under which this Employment Application is accepted and affirmatively state that I seek employment under these conditions as indicated by my signature below.

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Applicant's Signature

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Date

State of New Mexico - Taxation & Revenue Department  
MOTOR VEHICLE DIVISION



**CONFIDENTIAL RECORDS RELEASE**

(Pursuant to Section 66-2-7.1, NMSA 1978)

TYPE OR PRINT PLAINLY (INQUIRIES THAT CANNOT BE READ WILL NOT BE PROCESSED)

Provisions of the New Mexico Motor Vehicle Code make personal information about an individual confidential, and restrict disclosure. This form authorizes the release of Driver or Vehicle information containing personal information to:

- an individual, or an individual's authorized representative; or
- a requestor, if the requestor has obtained the written consent of the individual to whom the information pertains.

**Note:** For purposes of this Release, the term "personal information" means:

- with respect to **vehicle records**, the driver license number, date of birth, address, city and state.
- with respect to **driver records**, the name, address, city, state, social security number, driver license number, date of birth, height, weight, medical restrictions, image and signature.

**REQUESTOR / AUTHORIZED REPRESENTATIVE NAME & ADDRESS**

REQUESTOR'S NAME - Company or Individual - (Last, First, MI):

Requestor's SS # **or** Employer ID #

Mailing Address (Number & Street):

City, State, Zip Code:

**PERSON TO WHOM INFORMATION PERTAINS**

NAME (Last, First, MI)

Mo./ Day / Yr. of Birth

Mailing Address (Street & Number)

Social Security #

City, State, Zip Code

Telephone #  
(       )

Driver License / ID Card Number (If Applicable)

Vehicle License Plate / Identification Number(s) (If Applicable)

**TYPE OF INFORMATION REQUESTED**

**DRIVER RELATED**

- ☐ Motor Vehicle Record
- ☐ Copies of Citations or Withdrawal Notices
- ☐ Copy of License / ID Card Application

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE RELATED**

- ☐ Printout of Vehicle Registration / Owner Information
- ☐ Copy of Vehicle or Title or MSO
- ☐ Copy of Bill of Sale

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide additional information to accurately and specifically identify the information requested above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the National Driver's Privacy Act, Public Law 103-322, I hereby swear and affirm that this requested release of information is permissible and will be used according to law.

The undersigned takes full responsibility for any violations of this Act.

I authorize the release of my personal information to: ☐ Me ☐ Authorized Representative ☐ Requestor

Signature of Person

to Whom Information Pertains \_\_\_\_\_ Date \_\_\_\_\_

If personal information is to be released to anyone other than the individual, this Release must be notarized.



NOTARY: Subscribed and sworn to before me at \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Signed \_\_\_\_\_

My commission expires: \_\_\_\_\_

SEAL

**THIS RELEASE IS  
VALID FOR 30 DAYS  
FROM DATE OF AUTHORIZATION**