

# SANTA FE COMMUNITY COLLEGE

## EMPLOYMENT APPLICATION

6401 Richards Avenue  
Santa Fe, NM 87508  
(505) 428-1228 or Fax (505) 428-1523

*The Santa Fe Community College is firmly committed to the policy of providing Equal Employment Opportunity to all employees and applicants for employment regardless of race, color, religion, national origin, gender, age, disability, sexual orientation or veteran's status.*

**IMPORTANT: Applicants should attach letter of interest, resume and copies of transcripts. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.**

*If additional space is needed, use page four. Please key additional information to the item on the application to which it refers.*

### 1. PERSONAL DATA:

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Former name used which may appear on educational and prior employment records: \_\_\_\_\_

Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

Permanent Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

Date available for employment: \_\_\_\_\_ Minimum salary required \$ \_\_\_\_\_

Are you under 18?  Yes  No Type of position desired:  Full-Time  Part-Time

Do you have any relatives currently employed with the College?  Yes  No

If yes, name of department where employed \_\_\_\_\_

and relationship to you \_\_\_\_\_

Position(s) applied for:

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

***NOTE: Applications will only be considered for the positions as listed above. Once the position(s) have been filled, your application will no longer be active. If you wish to apply for other position(s), a new application must be completed.***

**2. EDUCATION: The following information will be considered only when there is a bona fide occupational requirement.**

SCHOOL	NAME & LOCATION	MAJOR COURSES OR FIELD OF STUDY	TYPE OF CERTIFICATE/ DIPLOMA/DEGREE
High School			
Vocational/Business			
Technical Institutes			
Colleges/Universities			
Military Serv. Schools			

**3. SPECIAL SKILLS: Check all skills that apply.**

Typing   
  Calculator   
  Word Processing   
  Computer Terminal   
  Keyboarding   
  E-Mail

**4. WORK EXPERIENCE: Give the names of the companies for which you have worked beginning with your present or last employer.**

*(a) NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:*

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Rate: Start \_\_\_\_\_ per \_\_\_\_\_

Final \_\_\_\_\_ per \_\_\_\_\_

No. of hours per week \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Phone \_\_\_\_\_ May we contact employer?  Yes  No

Reason for leaving or wanting to leave \_\_\_\_\_

Job Title and nature of work done \_\_\_\_\_

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

**(b) NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER:**

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Rate: Start \_\_\_\_\_ per \_\_\_\_\_

Final \_\_\_\_\_ per \_\_\_\_\_

No. of hours per week \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Phone \_\_\_\_\_ May we contact employer?  Yes  No

Reason for leaving or wanting to leave \_\_\_\_\_

Job Title and nature of work done \_\_\_\_\_

**(c) NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER:**

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Rate: Start \_\_\_\_\_ per \_\_\_\_\_

Final \_\_\_\_\_ per \_\_\_\_\_

No. of hours per week \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Phone \_\_\_\_\_ May we contact employer?  Yes  No

Reason for leaving or wanting to leave \_\_\_\_\_

Job Title and nature of work done \_\_\_\_\_

**(d) NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER:**

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Rate: Start \_\_\_\_\_ per \_\_\_\_\_

Final \_\_\_\_\_ per \_\_\_\_\_

No. of hours per week \_\_\_\_\_ Supervisor \_\_\_\_\_

Business Phone \_\_\_\_\_ May we contact employer?  Yes  No

Reason for leaving or wanting to leave \_\_\_\_\_

Job Title and nature of work done \_\_\_\_\_

**5. REFERENCES:**

	NAME	OCCUPATION	PHONE
a.			
b.			
c.			

**6. DISABILITY:**

*Please indicate if you suffer from a disability that would prevent you from performing the task you are applying for*

\_\_\_\_\_

**7. ADDITIONAL INFORMATION:**

*Please give any additional information which may more fully describe your interest and qualifications. This space may also be used to continue answers to items on the preceding pages. Use additional sheets if necessary.*

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

**8. CONFIDENTIALITY OF INFORMATION:**

*The college will endeavor to keep the information confidential to the extent permitted by law.*

**9. APPLICANT'S CERTIFICATION:**

*I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false or omission in this application may be sufficient cause for rejection of the application or dismissal after employment.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

*Additional Comments:*

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

*To be Separated from Application and Forwarded to Affirmative Action Officer*

**AFFIRMATIVE ACTION INFORMATION SURVEY**

*This information will not affect your employment or be available to or be used in departmental selection process. It will be used by the Affirmative Action Officer to compile statistics and will be kept confidential.*

Ethnic Origin: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*A = Asian*

*B = Black*

*C = Caucasian*

*H = Hispanic*

*I = American Indian*

*O = Other*

Sex: \_\_\_\_\_

*1 = Male*

*2 = Female*

Disability: \_\_\_\_\_

30 % Handicap Veteran: \_\_\_\_\_

*Y = Yes*

*Y = Yes*

*N = No*

*N = No*

Vietnam Veteran: \_\_\_\_\_

Social Security Number:

*Y = Yes*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*N = No*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WE APPRECIATE YOUR COOPERATION**