



2018 RIO ARRIBA COUNTY
TEMPORARY SUMMER YOUTH PROGRAM
EMPLOYMENT APPLICATION

Please print clearly in black or blue ink. Answer all questions. Sign and date the form(s).

PERSONAL INFORMATION:

First Name _____ Date of Application _____

Middle Name _____ Date of Birth _____

Last Name _____ Current Age _____

Social Security Number _____|_____|_____ Driver's License # _____

Mailing Address _____

City, State, Zip Code _____

Phone Number(s): _____

Best time to contact you: _____:_____ A.M/P.M

Are you eligible to work in the United States? Yes _____ No _____

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

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

How did you learn about us?

Advertisement ___ Relative ___ Inquiry ___ Employment Agency ___ Friend ___ Other ___

POSITION/AVAILABILITY:

Position Applied For: _____

Days/Hours Available:

S ___ M ___ T ___ W ___ T ___ F ___ S ___

Hours Available: From: _____ to: _____

What date are you available to start work? _____

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? Yes ___ No ___

Are you currently employed? Yes ___ No ___

May We Contact Your Present Employer? Yes ___ No ___

EMPLOYMENT HISTORY: Present Or Last Position:

Employer: _____ From: _____ To: _____

Address: _____

Supervisor: _____ Job Title: _____

Phone Number(s): _____

Email: _____

Work Performed: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving:

Employer: _____ From: _____ To: _____

Address: _____

Supervisor: _____ Job Title: _____

Phone Number(s): _____

Email: _____

Work Performed: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving:

EDUCATION:

Name and Address of School, Course of Study, and Number of Years Completed,
Diploma/Degree.

Elementary: _____

High School: _____

Undergraduate College: _____

Graduate Professional: _____

Other (Specify): _____

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

References:

Please List: Name and Relation; Address and Phone Number(s).

1. _____
2. _____
3. _____

Applicant's Statement:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant Signature: _____

Date: _____

Please Note: The Summer Youth Program is a temporary summer assignment. Upon completion you will not qualify for unemployment benefits unless you have been employed and earned wages for at least 6 months before filing your unemployment claim. Rio Arriba County will object to all unemployment claims from Summer Youth Program participants unless written proof is provided showing that you qualify for them. Thank you.

Initials: _____