



# City of Albuquerque

## ACKNOWLEDGEMENT SEASONAL EMPLOYMENT

I, \_\_\_\_\_, understand and acknowledge that I am  
*Printed Name*

being hired as a seasonal employee for the City of Albuquerque and that any other terms of employment I have had or may have with the City of Albuquerque as a student, seasonal or temporary employee do not infer or imply any permanent status or employment relationship with the City of Albuquerque. I also understand and agree that I have no property right in my employment and may be terminated at the will of the City for any or no cause, and that the City is not required to give a reason for termination. As a seasonal employee, I understand I am not entitled to accrue sick or vacation leave and am not entitled to any of the rights and benefits of employment to which other employees are entitled.

I further understand that my term of service as a seasonal employee may be for up to a maximum of nine (9) months and I will work less than an average of 30 hours per week. I understand that I may not exceed the length of service limitations as defined above and that my exceeding this limitation will subject me to immediate termination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

### APPLICANTS UNDER THE AGE OF EIGHTEEN

I, \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_,  
*Printed Name of Parent/Guardian* *Printed Name of Applicant*

and with authority to act on his/her behalf, understand, acknowledge that the above-mentioned applicant is being hired as a seasonal employee for the City of Albuquerque and that any other terms of employment he/she has had or may have with the City of Albuquerque as a student, seasonal or temporary employee do not infer or imply any permanent status or employment relationship with the City of Albuquerque. I also understand that he/she has no property right in his/her employment and may be terminated at the will of the City for any or no cause, and that the City is not required to give a reason for termination. As a seasonal employee, I understand he/she is not entitled to accrue sick or vacation leave and is not entitled to any of the rights and benefits of employment to which other employees are entitled.

I further understand and agree that his/her term of service as a seasonal employee may be for up to a maximum of nine (9) months and he/she will work less than an average of 30 hours per week. I understand that he/she may not exceed the length of service limitations as defined above and that his/her exceeding this limitation will subject him/her to immediate termination.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number