

Welcome Students. Please follow the steps below for applying to the City of Albuquerque Summer Job Mentor Program:

### **1. Complete Online Application**

1. Go to [www.cabq.gov/jobs](http://www.cabq.gov/jobs)
2. Find the job titled "2024 Seasonal/ Temporary Departments"
3. Click on the 2024 Seasonal / Temporary Departments job
4. On the right hand side of the page, click the green "Apply" button
5. At the top of the page, click the blue "Create an account" link

To create an account you will need the following information:

1. Email Address (Do not use your APS email. You will need to use an email address that can be checked during the summer time)
2. Username
3. Password ( must be at least 8 characters long and contain an upper and lower case letter, number and symbol)

If you are a returning student you can enter your account by entering the following information:

1. Email address
2. Password (if you can't remember the password, click on the link "forgot password")
3. The system will send an email to the email address used to reset password

After you create your account, fill out all information on the application. Please remember the following when filling out your application:

1. Name – must match the name on your birth certificate. (For example: if you go by Mike but your birth certificate says Michael, you need to put Michael as your first name). If your birth certificate has two last names listed, you must put both last names in the last name box. (For example: if the birth certificate says Garcia Martinez, both Garcia and Martinez need to be entered).
2. Email address – please use an email address that you check regularly and can be accessed during the summer time.
3. Make sure contact information is correct. Please use a phone number that we can contact you on. Make sure the number has a voicemail set up to receive messages.

### **2. Complete Paper Application Packet**

Fill out this packet provided by the Job Mentor Program. Must use BLACK INK ONLY. Cannot use white out or have scribbles on the documents. If you need another packet please ask your School Based Coordinator or contact the Ashley at the Job Mentor office:

**Ashley Aceves:** [aaceves@cabq.gov](mailto:aaceves@cabq.gov), (505) 768-2337

City of Albuquerque  
Department of Youth & Family Services  
Community Recreation & Educational Initiatives Division

### 3. Schedule an Interview

After you apply to the City of Albuquerque online and complete this packet, **please email Ashley** to request an interview. The email should include the following information:

1. **Full Name**
2. **High School you attend**
3. **AGE**
4. **Contact phone number and email**
5. **Two dates and times that would work for you to come to our office for an interview**

When you come for your scheduled interview you must bring the following documents:

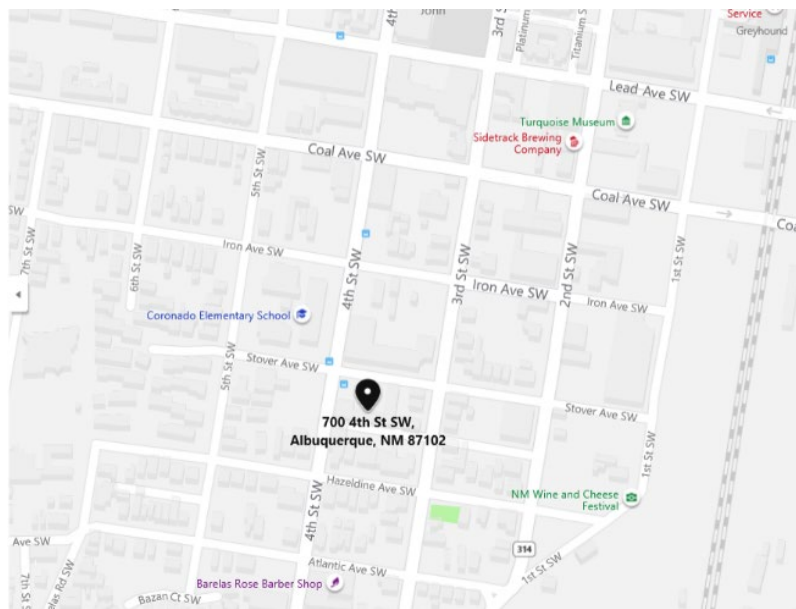
1. This packet. **Please print one-sided only.**
2. Current School Picture ID. If you do not have a current school ID you can bring a report card, transcript, or New Mexico ID.
3. Social Security Card – must be the original card. Cannot be a copy and cannot be laminated. Card must be signed on the signature line. If you do not have your Social Security Card you can apply for a new one at Social Security Administration. They will give you a letter stating you applied for a new one. Bring the letter to prove you applied for a new one.
4. If you are under the age of 16 years old you must bring your original Birth Certificate. We cannot accept copies.
5. If you are a Male applicant 18 years old, you will need to bring your selective service registration card. If you need to apply you can do so at [www.sss.gov](http://www.sss.gov)
6. If under the age of 16, the Job Mentor Program will issue a Worker's Permit. You do **not** need to get one from your HS councilor

The Job Mentor office is located at:

**700 4<sup>th</sup> Street SW, Suite A  
Albuquerque, NM 87102**

**Make sure to put the SW in your GPS, or you will end up at the courthouse.**

**We are located directly across from Sacred Heart Church and Coronado Elementary School.**





# City of Albuquerque

## HUMAN RESOURCES

### Background Investigation Disclosure and Consent Form

In connection with my application of employment with the City of Albuquerque, hereby known as "Hiring Entity" I understand that investigative reports may be requested that will include information as to my performance, experience, character, general reputation, personal characteristics, or mode of living along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. A photocopy of this Designation and Authorization for Release and Redislosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment or as a volunteer.

If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

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

\_\_\_\_\_  
Parent/Guardian Signature (If under 18) \_\_\_\_\_ \_\_\_\_\_  
Relationship \_\_\_\_\_ \_\_\_\_\_  
Date

**APPLICANT INFORMATION – Please complete ALL blanks**

|  |  |                  |   |
|--|--|------------------|---|
| Last Name                              | First Name                             | Full Middle Name | Social Security Number  |
| Maiden Name                            | Other Names, Nicknames or Aliases used |                  | Date of Birth (Month/Day/Year)  |
| Present Address                        | Number/Street/Quadrant                 | City             | State   |
| Zip Code                               | How Long                               |                  |   |
| Previous Address (Within last 7 years) | Number/Street/Quadrant                 | City             | State   |
| Zip Code                               | How Long                               |                  |   |
| Driver's License Number                | State Issued                           | Expiration Date  | Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> |

**City of Albuquerque Information:**

Department: \_\_\_\_\_ Department No: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Requested by: \_\_\_\_\_ Job Title: \_\_\_\_\_



# City of Albuquerque

## HUMAN RESOURCES

### Release of Liability and Felony Identification

#### Release of Liability

In connection with my application of employment with the City of Albuquerque, hereby known as "Hiring Entity" I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of the background investigation.

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

\_\_\_\_\_  
Parent/Guardian Signature (If under 18) Relationship Date

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#### Felony Identification

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered 'Yes' to the previous question please provide specific details for each occurrence including: 1) Date; 2) Location; 3) Charge and description of the offense; 4) Penalty/Disposition.

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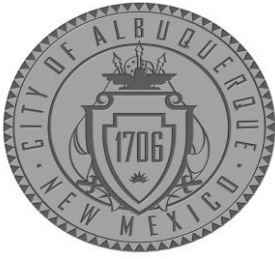
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\_\_\_\_\_  
Applicant Signature Date



**City of Albuquerque  
Pre-Employment  
Medical/Substance Abuse  
Consent Form - Applicant under the age of 18**

I, the below-named applicant under the age of 18, and I, the parent or legal guardian of the applicant, hereby give my permission for the below named applicant to be employed by the City of Albuquerque on the following terms and conditions:

I hereby give my permission to the City of Albuquerque to refer the below-named applicant for a complete medical examination and, if applicable, a tuberculosis (“TB”) skin or tuberculosis blood test.

I understand the City of Albuquerque is a Drug Free Workplace. I hereby give permission for the City of Albuquerque to give the applicant a substance abuse test in accordance with the City of Albuquerque Substance Abuse Policy dated June 26, 2015 or as that policy is amended during the period of applicant’s employment with the City, including pre-employment, random, post accident and reasonable suspicion testing. I understand that under certain circumstances a directly observed collection may be required as described in the attached “Appendix D – Direct Observation Procedures”.

I understand any medical or drug testing will be performed by a private contractor engaged by the City. I hereby agree to indemnify and hold harmless the City, its contractors, their agents, employees, and representatives from any and all events, injuries or actions that might arise from or during such testing events.

Furthermore, I hereby give the City of Albuquerque permission to refer the below-named applicant for treatment of a work related injury or occupational disease, in particular, but not limited to emergency medical treatment.

\_\_\_\_\_

Applicant (Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Parent or Guardian (Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Signature



**CITY OF ALBUQUERQUE  
DEPARTMENT OF FAMILY & COMMUNITY SERVICES**

**Information Check Form**

**Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Former Name/Alias/Maiden:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Driver's License Number/State:** \_\_\_\_\_

**Gender:** Male or Female (Circle One)

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CITY OF ALBUQUERQUE**

Job Mentor Program \_\_\_\_\_ **PHOTO / VIDEO**  
**CONSENT AND RELEASE BY PARTICIPANT**

**NAME (PRINT OR TYPE) :** \_\_\_\_\_  
**DAYTIME PHONE NO:** \_\_\_\_\_ **EVENING PHONE NO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**IF UNDER 18 YEARS OLD, PARENT'S OR LEGAL GUARDIAN'S**  
**NAME (PRINT OR TYPE):** \_\_\_\_\_

The following statements are made by the participant herself/himself if 18 years old or older, or by the participant's parent or legal guardian if the participant is under 18 years old:

1. I have been fully informed about my/my child's/my ward's proposed role in the following project \_\_\_\_\_ City of Albuquerque Job Mentor Program Summer Internship \_\_\_\_\_

(“Project”). I consent to and authorize the taking of photographs and videotape recordings and other visual and/or auditory recordings of me/my child/my ward by the employees, contractors and agents of the City of Albuquerque (City).

2. Neither I nor any individual or entity on my/my child's/my ward's behalf will claim compensation in any form, now or in the future, as a result of my/my child's/my ward's participation in the Project or the use of my/my child's/my ward's name, likeness or voice in the Project or in any other City-approved project or activity described in Section 3 of this Consent and Release.

3. I grant the City permission to duplicate and transmit or otherwise exhibit or use (hereafter, “use”) my/my child's /my ward's name, likeness and/or voice in any form or medium, including film, video, print, or other medium such as videodisc (hereafter, “recording”), in connection with both the Project and other City-approved projects, activities and applications intended to advance the purposes of the Project or to promote the City and its goals and activities. The City will possess the sole copyright to all visual and audio uses of my/my child's/my ward's image and voice which are the result of my/my child's/my ward's participation in the Project.

4. I agree that, as a result of my/my child's/my ward's participation, I /my child's/my ward will not be considered a City employee for any reason, and will not be eligible for any insurance, services or benefits provided to regular City-paid personnel, including worker's compensation and all health and medical benefits.

5. I, for myself/my child/my ward, expressly release the City, its officials, employees, contractor and agents (together, "City") from any claims arising from the use of such recording(s), and indemnify and hold the City harmless against any and all claims, actions, suits or proceedings of any kind brought against the City for on account of any matter arising out of or resulting from my/my child's/my ward's participation in the Project, unless and only to the extent the injury is caused by the negligence of the City. If any part of this document is held to be invalid or unenforceable, the holding will not affect the validity or enforceability of any other part of this document. This is the entire agreement between the City and me. No changes will be binding unless in writing and signed by me and the City.

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

**IF PARTICIPANT IS UNDER 18 YEARS OLD, SIGNATURE OF PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

I am (check one):             over 18yrs. Old, or  
    the parent of the minor, or  
    the legal guardian of the minor.

**DATE:** \_\_\_\_\_

**BEFORE THE PARTICIPANT CAN BE INVOLVED IN THE PROJECT, THIS FORM MUST BE:** (A) Signed by the participant, or, if under 18 years old, signed by the participant's parent or legal guardian; and (B) delivered to the City of Albuquerque Project contact.