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

1. Go to www.cabq.gov/jobs
2. Find the job titled “2022 Seasonal/Temporary Recreation”
3. Click on the 2022 Seasonal/Temporary Recreation 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

In order 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 will need to put Michael as your first name. If your birth certificate has your last name listed with two names you must put both last names in the last name box. For example, if the birth certificate says Garcia Martinez, both Garcia Martinez needs to be enter.
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

Fill out the 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 call the Job Mentor office at 505-768-2337 or 768-2336.

After you apply to the City of Albuquerque and complete the packet from the Job Mentor Program, you are ready to schedule an interview. To schedule an interview please email Ashley or/and Anita with the following information

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

Ashley can be reached at aaceves@cabq.gov and Anita at anevarez@cabq.gov

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

1. Current School Picture ID. If you do not have a current school ID you can bring a report card, transcript, or New Mexico ID.
2. 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.
3. If you are under the age of 16 years old you must bring your original Birth Certificate. We cannot accept copies.
4. 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)
5. If under the age of 16, the Job Mentor Program will issue a workers permit. You do **not** need to get one from your HS councilor

*The Job Mentor office is located at*
700 4th 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
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 Redisclosure 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 __ Commercial (CDL) __

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

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

__________________________________________________   _________
Applicant Signature  Date
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
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