



CITY OF ESPAÑOLA

APPLICATION FOR EMPLOYMENT

405 N. Paseo de Oñate, Española, NM 87532
Human Resources Department
Phone 505-747-6057 Fax 505-747-6074

DATE OF APPLICATION: _____

POSITION YOU ARE APPLYING FOR: _____

Submit a separate application for each position for which you apply. If you plan to apply for more than one position, we suggest you complete the application, leaving "Date of Application," "Position You Are Applying For" and "Signature" blank. Make a copy of the application and complete this information as appropriate for each position for which you apply. We must have an original signature and date on each application received.

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____

(City) (State) (Zip)

Physical Address: _____

(City) (State) (Zip)

Telephone: (Home) _____ (Cell) _____

E-Mail Address: _____

Have you ever used a different name for school or employment? Yes No

If yes, what name(s)? _____

Do you now, or have you previously, worked for the City of Española? Yes No

If yes, provide dates: _____

Do you have any close relatives working at the City of Española? Include spouse, parents, siblings, first cousins and similar step-relations; include anyone living in the same household as you, irrespective of relationship.

Yes No

If yes, provide name(s) and relationship(s): _____

*For positions which require you to have, and maintain, a valid New Mexico driver's license: If you have an out-of-state driver's license you will be required to obtain a New Mexico driver's license within 90 days of hire. Anyone who drives a city vehicle or a privately-owned vehicle on behalf of the City must be insurable by the City of Española's vehicle insurance provider. If you have an out-of-state license, you are required to provide, **with this application**, a current (30 days or less) driver's history from the state from which you obtained your license.*

Do you possess a valid driver's license? Yes No

State of issue: _____ Class: _____ License number: _____

EDUCATION

Attach copies of highest obtained diploma, degrees, transcripts and/or licenses and certificates

High School Graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of school. If no, indicate highest grade completed ____			
<input type="checkbox"/> Vocational / Technical School:		Hours Completed: ____	
<input type="checkbox"/> Major/ Field Studied:			
<input type="checkbox"/> College or University			
UNDERGRADUATE		GRADUATE	
School(s)		School(s)	
Major Field(s) of Study		Major Field(s) of Study	
Hours Completed:		Hours Completed:	
Degree(s) Received:			
1. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:
2. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:

YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY

Special skills you possess that are relevant to the position being applied for: _____

- Are you eligible to work in the United States? Yes No
(Proof of eligibility to work in the United States will be required as a condition of hire)
- Are you at least eighteen years of age? Yes No
- Are you willing to submit to a background investigation? Yes No
- Are you willing to submit to a drug and alcohol screening? Yes No

EXPERIENCE: (Begin with your most recent experience; include at least the last ten years of employment)

1	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Complete Mailing Address:			Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week	START Hourly Pay \$	LAST Hourly Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)		Location of employment (City & State) if different from employer's address		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years Months

2	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Complete Mailing Address:			Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week	START Hourly Pay \$	LAST Hourly Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)		Location of employment (City & State) if different from employer's address		
Duties:				

Reason For Leaving:		Do Not Write In This Area	
		Years	Months

3	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Complete Mailing Address:			Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week	START Hourly Pay \$	LAST Hourly Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)		Location of employment (City & State) if different from employer's address		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years Months

4	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Complete Mailing Address:			Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week	START Hourly Pay \$	LAST Hourly Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)		Location of employment (City & State) if different from employer's address		
Duties:				

Reason For Leaving:	Do Not Write In This Area
	Years Months

YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY

PROFESSIONAL REFERENCES:

List three to five references. Do not list anyone related to you, or living with you. List only references we may contact. Provide complete phone numbers including area code.

Name	Phone Number	Company	Years Known

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital, or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Incomplete applications will not be considered. You may attach a resume but it will not be accepted in lieu of this application. Do not refer to resume for requested information unless the resume contains ALL of the requested information or your application will not be considered.

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. 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 statement or omission in this Application may be sufficient cause for rejection of the Application or dismissal after employment. I authorize the City of Española to investigate the information contained herein and contact previous employers. I release all references, previous employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand this Application shall become a public record to the extent authorized by law.

Applicant's Signature

Date