



# CITY OF ESPAÑOLA

405 N. Paseo de Oñate • Española, New Mexico 87532  
City Hall • (505) 747-6100 • Personnel • (505) 747-6083

## EMPLOYMENT APPLICATION

Position Applied For \_\_\_\_\_

### PERSONAL

NAME (Last) (First) (Middle) Home Telephone

Mailing Address (P.O. Box No., Rural Route, City, State, Zip Code)

Street Address/Location of Residence

Check which following options you would consider

Full-time  Part-time  Temporary

List any Relatives Working for the City:

Name Department

Are you a United States Citizen?

Yes  No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? (Proof of citizenship or immigration will be required upon employment)  Yes  No

Were you previously employed by the

City?  Yes  No

Dates:

Have you ever been convicted of a felony, or pleaded No Contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine or \$500.00 during the last five years:  Yes  No If Yes, explain separate sheet.

Do you have any physical limitations to perform the job applied for? (If Yes, explain the type of accommodations required.)  Yes  No

Accommodation : \_\_\_\_\_

Have you received Worker's Compensation during the last ten years?

Yes  No If Yes, state the nature and date of injury, recurring effects, and degree of disability. (Applicants may be required to pass a job-related physical examination). \_\_\_\_\_

Do you possess a valid Driver's License?  Yes  No

What state: \_\_\_\_\_ Type? \_\_\_\_\_ License # \_\_\_\_\_

On what date would you be available for work?

### EDUCATION AND TRAINING

High School

Complete Address

Graduated:  Yes  No

GED Certificate:  Yes  No

College or University

Complete Address

Major

Degree/Year

Trade School

Complete Address

Major

Degree/Year

Apprentice School

Complete Address

Subjects Completed:  Yes  No

Year:

List any other education, training, special skills or certificates/licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating?

List any languages that you fluently:

Speak:

Read:

Write:

**REFERENCES**

List Business Person known, but not related, to you for at least three (3) years

Name	Title	Address	Telephone	Years Known
1.				
2.				
3.				

**EXPERIENCE** - List the last 10 years work experience beginning with the most recent.

Name of Employer	Type of Business			
Address	City	State	Zip Code	Telephone
Dates Employed From To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time	
Name & Title of Supervisor	May we contact ( ) Yes ( ) No		Reason for leaving	

Brief Description of Duties

Name of Employer	Type of Business			
Address	City	State	Zip Code	Telephone
Dates Employed From To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time	
Name & Title of Supervisor	May we contact ( ) Yes ( ) No		Reason for leaving	

Brief Description of Duties

Name of Employer	Type of Business			
Address	City	State	Zip Code	Telephone
Dates Employed From To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time	
Name & Title of Supervisor	May we contact ( ) Yes ( ) No		Reason for leaving	

Brief Description of Duties

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal, State and City laws prohibiting employment discrimination solely on the basis of a person's race, color creed, national origin, religion, age (over 40), sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

**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 this Application or dismissal after employment. I authorize the City of Española to investigate the information contained herein and contact those previous employers I have approved. 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 public record to the extent authorized by law.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_