

# City of Truth or Consequences

505 Sims St

Truth or Consequences, New Mexico 87901

Phone: 575-740-7554 Fax 575-894-0363

www.cityoftorcnm.org

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

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.

Position(s) Applied for: \_\_\_\_\_

Please list any and all positions would you like to apply for. If you wish to apply for future openings, please contact our office and ask that the new position be added to your existing application. Only one application is needed.

LAST NAME	FIRST	MIDDLE	TELEPHONE	
			Home:	
			Cell:	
MAILING ADDRESS		CITY	STATE	ZIP CODE
ARE YOU APPLYING FOR:		If part-time, list available hours	DATE AVAILABLE FOR WORK	
_____ Full Time _____ Part Time				
DO YOU POSSESS A VALID DRIVER'S or NM COMMERCIAL LICENSE? ___NO ___YES				
Driver's/Commercial License #s: _____ State: _____ Expiration Date: _____				
<b>OFFER OF EMPLOYMENT IS CONDITIONED UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE USA.</b>				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
VISA TYPE (If applicable): _____				
HAVE YOU HAD PRIOR CITY OF T.OR C. EMPLOYMENT? ___NO ___YES				
IF YES:				
Date(s) employed: _____				
Where: _____ Title: _____				
Date(s) employed: _____				
Where: _____ Title: _____				

# EDUCATION AND TRAINING

**Copies of supportive documents must be attached:: Transcripts, Degrees, Diplomas, Certifications, etc.**

LEVEL	NAME AND LOCATION	GRADUATE or CERTIFICATION?	
HIGH SCHOOL/ G.E.D.		____ YES ____ NO	<b>IF NO, INDICATE HIGHEST GRADE COMPLETED</b>
COLLEGE/ UNIVERSITY	YEARS COMPLETED ____	____ YES ____ NO	<b>MAJOR                      DEGREE</b>
OTHER SCHOOL(S) OR TRAINING		____ YES ____ NO	<b>FIELD OF STUDY:</b>

## EMPLOYMENT HISTORY

PLEASE DESCRIBE YOUR EMPLOYMENT EXPERIENCE STARTING WITH YOUR MOST RECENT POSITION. INCLUDE ANY RELEVANT VOLUNTEER WORK. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SUPPLEMENTAL SHEET AND ATTACH IT TO THE APPLICATION. **\*\*PLEASE ATTACH RESUME\*\***

<b>1</b>	NAME OF EMPLOYER	ADDRESS (CITY, STATE)		
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY:
				FINAL SALARY:
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION
HOURS PER WEEK:				
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

<div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME  HOURS PER WEEK:	NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

<b>3</b> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME  HOURS PER WEEK:	NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE PERTINENT TO THE POSITION(S) FOR WHICH YOU ARE APPLYING: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING SKILLS OR EXPERIENCE:  
 COMPUTER SKILLS? \_\_\_NO \_\_\_YES DESCRIBE: \_\_\_\_\_  
 SOFTWARE SKILLS? \_\_\_NO \_\_\_YES DESCRIBE: \_\_\_\_\_

HEAVY EQUIPMENT OR MACHINERY \_\_\_NO \_\_\_YES WHAT TYPE OF EQUIPMENT CAN YOU OPERATE? PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **REFERENCES**

LIST THREE (3) PEOPLE WHO ARE FAMILIAR WITH YOUR WORK. PLEASE DO NOT USE FRIENDS OR FAMILY AS REFERENCES. PLEASE GIVE COMPLETE CONTACT INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

## **APPLICANT'S STATEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

- ◆ The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date.
  
- ◆ I authorize a background investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.
  
- ◆ I understand that once my application is submitted it becomes a matter of public record.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

# ADDITIONAL SHEET

## Employment History Continued

<input style="width: 30px; height: 20px;" type="checkbox"/> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME  HOURS PER WEEK:	NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				

**City of Truth or Consequences  
Application Affirmative Action Program  
Self-Identification Form**

Dept. for which you are applying: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS - PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those, which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The federal government has established the definitions for each category. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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**INVITATION TO SELF-IDENTIFY**

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Female \_\_\_\_\_ Male \_\_\_\_\_

***This document will be maintained in a separate file***