

# 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, martial 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
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
ARE YOU APPLYING FOR:	If part-time, list available hours	DATE AVAILABLE FOR WORK	
_____ Full Time _____ Part Time			
DO YOU KNOW ANYONE THAT CURRENTLY WORKS FOR THE CITY OF TorC? PLEASE LIST THIER NAME, POSITION AND RELATIONSHIP: _____ _____			
DO YOU POSSESS A VALID DRIVER'S LICENSE? ___NO ___YES STATE? _____			
DO YOU POSSESS A COMMERCIAL LICENSE? ___NO ___YES STATE? _____			
<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? ___NO ___YES			
VISA TYPE (If applicable): _____			
HAVE YOU HAD PRIOR CITY OF TorC 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</b>	<b>DEGREE</b>
OTHER SCHOOL(S) OR TRAINING		___ YES ___ NO	<b>FIELD OF STUDY:</b>	

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

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WHAT SKILLS OR EXPERIENCE DO YOU HAVE WITH OFFICE EQUIPMENT: PLEASE DESCRIBE:

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SOFTWARE SKILLS? \_\_\_ NO \_\_\_ YES DESCRIBE: \_\_\_\_\_

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DO YOU HAVE EXPERIENCE WITH HEAVY EQUIPMENT OR MACHINERY \_\_\_ NO \_\_\_ YES

WHAT TYPE OF EQUIPMENT CAN YOU OPERATE?

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# 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\*\*

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 5px;"><b>1</b></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		NUMBER OF EMPLOYEES SUPERVISED:		REASON FOR SEPARATION:	
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					

## 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: 20px; 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:				