



CITY OF SUNLAND PARK

1000 McNutt Road, Ste. A
 Sunland Park, NM 88063
 PHONE: (575) 589-7565
 FAX: (575) 589-1222

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, Genetic Information & Testing, Family & Medical Leave, Sexual Orientation and Gender Identity or Expression, protected veteran status, or any other characteristic protected by law. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

INSTRUCTIONS: Answer all questions completely and honestly in the spaces provided. Failure to complete the Employment Application may invalidate it for review. Falsification of any information will void the Employment Application. Employment Applications may be submitted in person, email or by mail to the address indicated above.

PLEASE PRINT IN BLACK OR BLUE INK

(As it appears on Social Security Card/Work Permit Card)	LAST NAME	FIRST NAME	MI.
STREET ADDRESS:		CITY:	STATE: ZIP CODE:
MAILING ADDRESS, IF DIFFERENT:		CITY:	STATE: ZIP CODE:
CONTACT NUMBER(S):	Cell Phone:	Other Message Contact number:	EMAIL ADDRESS:
ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER NAMES YOU HAVE USED:	DOES THE CITY OF SUNLAND PARK EMPLOY ANY OF YOUR RELATIVES OR ARE YOU RELATED TO A CITY OFFICIAL? <input type="checkbox"/> No <input type="checkbox"/> YES, NAME: _____ RELATIONSHIP: _____		
POSITION APPLYING FOR:	SALARY REQUIREMENTS:		\$
IF APPLYING FOR POLICE OFFICER, ARE YOU CERTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO START:	
HOW DID YOU HEAR OF THIS POSITION: <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> City Facebook Page <input type="checkbox"/> City website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Job Fair <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVER LICENSE #: _____ DRIVER LICENSE STATE: _____	
CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

U.S. MILITARY SERVICE

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BRANCH OF SERVICE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

EDUCATION

EDUCATION LEVEL	NAME AND ADDRESS	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL		9 10 11 12			
COMMUNITY OR JUNIOR COLLEGE		1 2 3 4			
BUSINESS OR TRADE SCHOOL		1 2 3 4			
COLLEGE OR UNIVERSITY		1 2 3 4			
GRADUATE SCHOOL		1 2 3 4			

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE SKILLS	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES/CERTIFICATIONS/ORGANIZATIONS

	Types of Licenses and Certificates	Date Issued	Registration Number	State	Expires MO/YR
PROFESSIONAL LICENSE AND CERTIFICATIONS (Job Related)					
PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (Job Related) <small>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status.</small>	NAME	DATE	NAME	DATE	

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME.

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (MO/YR.) _____ TO (MO/YR.) _____ TOTAL _____ YRS. _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____ EXT. _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPLEMENTATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (MO/YR.) _____ TO (MO/YR.) _____ TOTAL _____ YRS. _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____ EXT. _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPLEMENTATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (MO/YR.) _____ TO (MO/YR.) _____ TOTAL _____ YRS. _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____ EXT. _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPLEMENTATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

PROFESSIONAL REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(NO RELATIVES)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(NO RELATIVES)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(NO RELATIVES)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(NO RELATIVES)

AUTHORIZATION AND AGREEMENT

As part of our normal procedure in processing this application, a routine inquiry will be made concerning your background. Former employers, school records and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal and driving records will also be conducted.

I, the undersigned hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I further understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resource Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing those entire tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither express nor implies I will be offered employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MY PAST EMPLOYERS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ **DATE** _____