

# APPLICATION FOR EMPLOYMENT

## City of Lordsburg

409 W. Wabash Street  
Lordsburg, New Mexico 88045  
(575) 542-3421

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about us?  Advertisement  Employment agency  Friend  
 Relative  Walk-in  Other

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

Address \_\_\_\_\_

Street

City

State

Zip code

Telephone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of birth \_\_\_\_\_

If you are under 18 years of age, can you provide  
required proof of your eligibility to work?

Yes  No  
 n/a

Have you ever filed an application with us before?

Yes  No  
If yes, when? \_\_\_\_\_

Have you ever been employed with us before?

Yes  No  
If yes, when? \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this County because of Visa or immigration status?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work  Full time  Part-time  Temporary  
Are you currently on "lay-off" status and subject to recall?  Yes  No  
Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony with the last 7 years?  Yes  No  
**{Conviction will not necessarily disqualify applicant from employment}**

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any job related training received in the United States

Military: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, skills and extra-curricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates employed From: \_\_\_\_\_  
Hourly rate Start: \_\_\_\_\_ per hour

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
To: \_\_\_\_\_  
Final: \_\_\_\_\_ per hour

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Supervisor \_\_\_\_\_  
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Dates employed From: \_\_\_\_\_  
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Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
To: \_\_\_\_\_  
Final: \_\_\_\_\_ per hour

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Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
To: \_\_\_\_\_  
Final: \_\_\_\_\_ per hour

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Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
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Hourly rate Start: \_\_\_\_\_ per hour

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
To: \_\_\_\_\_  
Final: \_\_\_\_\_ per hour

**SHOULD YOU REQUIRE ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER**

**REFERENCES:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_

**Specialized skills – please check skills/equipment operated:**

_____ Computer	_____ Fax	_____ Power Point
_____ Calculator	_____ Word Perfect	_____ Other (list) _____
_____ Typewriter	_____ Excel	_____
_____ Heavy Equipment	_____	_____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant currently have a valid driver's license? { } Yes { } No

Driver's license # \_\_\_\_\_ Expiration \_\_\_\_\_

**PLEASE ATTACH RESUME**

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

