

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 # _____

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

Yes No **Birth Certificate**
 n/a **Social Security**
Driver's License

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:

	FLUENT	GOOD	FAIR
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:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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

Work Performed _____

To: _____
Final: _____ per hour

Employer _____
Address _____
Phone # () _____
Supervisor _____
Job Title _____
Reason for leaving _____
Dates employed From: _____
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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: _____

