

CITY OF PORTALES, NEW MEXICO
100 West First Street, Portales, NM 88130 (575) 356-6662

APPLICATION FOR EMPLOYMENT

The purpose of this application is to gather information about your experience and qualifications. This information will help us to understand how you may best fit into our organization. We are an Equal Opportunity Employer and will not discriminate on the basis of age, sex, religion, race color, national origin, or disability.

TODAY'S DATE: _____

PERSONAL DATA

NAME _____
 (First, Middle, Last)

CURRENT ADDRESS _____
 (No. & Street – City, State, Zip)

MAILING ADDRESS _____
 (if different)

PERMANENT ADDRESS _____
 (if different)

TELEPHONE NUMBERS _____
 Home _____ Best Contact Phone _____

POSITION APPLYING FOR _____ POSITION OPENING # _____

DRIVERS LICENSE _____
 Number State Type Expiration Date

Are you 18 years of age? Yes No

Are you 20 years of age? Yes No Law Enforcement requirement

Are you legally eligible for employment in the USA? Yes No

Have you been previously employed by us? Yes No

If yes, When? _____ What Department? _____

List names of ALL Relatives presently employed by us and their relationship to you.

EMT CERTIFICATION _____
 (if applicable) Number State Type Expiration Date

LAW ENFORCEMENT CERTIFICATION _____
 (if applicable) Number State

MILITARY SERVICE _____
 (if applicable) Branch Dates: From To

Rank at discharge _____

EDUCATION DATA

List any training, or certificates / licenses that you possess related to this position:

LEVEL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY OR GRADE COMPLETED	DIPLOMA OR DEGREE
Elem School			
High School			
College			
Other			

Do you type? WPM: Keyboard?

What language(s) other than English do you speak or write fluently? (Specify ability to write and/or speak.)

**Copies of transcripts, licenses or certifications must be included when identified as requirements in the vacancy posting.*

EMPLOYMENT HISTORY

List all employment, (part-time and full-time) starting with most recent, or attach resume supplying the same information.

Date of Employment From (mm/yyyy)_____ To (mm/yyyy)_____

Job Title _____

Employer's name and address _____

Supervisor's name and phone number _____

May we contact your current supervisor? Yes No

Describe your duties, accomplishments and related skills

Reason for Leaving:

Date of Employment From (mm/yyyy)_____ To (mm/yyyy)_____

Job Title _____

Employer's name and address _____

Supervisor's name and phone number _____

Describe your duties, accomplishments and related skills

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Date of Employment From (mm/yyyy)_____ To (mm/yyyy)_____

Job Title _____

Employer's name and address _____

Supervisor's name and phone number _____

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Job Title _____

Employer's name and address _____

Supervisor's name and phone number _____

Describe your duties, accomplishments and related skills

Reason for Leaving:

Date of Employment From (mm/yyyy)_____ To (mm/yyyy)_____

Job Title _____

Employer's name and address _____

Supervisor's name and phone number _____

Describe your duties, accomplishments and related skills

Reason for Leaving:

PERSONAL REFERENCES

Do not include relatives or former employers.

NAME AND OCCUPATION ADDRESS PHONE NO.

1. _____

2. _____

3. _____

JOB DESCRIPTION

Have you received a Job Description and are you capable of performing the essential functions for the position you have applied? _____

POSITION APPLYING FOR _____

EXPECTED PAY _____

Do you want to work full-time or part-time

Specify days and hours if part-time _____

If hired, on what date will you be available to start? _____

Will you work overtime if asked? _____

Yes

No

NOTE: JOB OFFER CONTINGENT ON PHYSICAL, DRUG AND WRITTEN TEST.

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. The City of Portales is hereby authorized to make any investigation deemed necessary to verify the information in this application, any law enforcement or other organization is authorized to give all information relative to my employment, work habits, and character. I also hereby release such individual, organization and the City of Portales from any liability for any claim or damage which may result.

Signature _____

Date _____

**APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SIGNED.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

APPLICANT AFFIRMATIVE ACTION INFORMATION FOR FEDERAL RECORD KEEPING

We seek your assistance in helping the City of Portales to comply with the Affirmative Action act in accordance with Federal law. As an applicant for a position with the City, we would like you to complete this form. We wish to advise you that the information requested will not be used for discriminatory purposes; will not be available to administrators when applications are being considered; and will be kept separate from your application and used for required affirmative action record keeping only.

COMPLETION OF THIS FORM IS VOLUNTARY AND YOU MAY CHOOSE NOT TO RESPOND!

Thank you for your assistance.

Date:

Position you are applying for:

Referred by:

Your Sex: Male Female

Your Age:

Race/Ethnic Group: please check one or more than one if applicable.

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander

Disabled? Yes No

- Hearing
- Sight
- Physical
- Emotional
- Mental
- Other (Please specify)
