

TOWN OF ESTANCIA **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. Applications are only accepted for a bona-fide job posting. A current resume is acceptable in addition to a completed application form.

Name: _____ Other Name Used: _____

POSITION

POSITION DESIRED: _____ Salary Desired: _____

Date of Application: _____ Date Available to Begin Employment: _____

Are you 18 years or older? Yes No

Have you applied with the Town of Estancia before? Yes No

If yes, give date: _____

Position Applied For: _____

Have you ever been employed with the Town of Estancia before? Yes No

If yes, give date: _____ Supervisor: _____

Position Held: _____

Reason for Leaving: _____

Do you have any relatives currently working for the Town of Estancia? Yes No

If yes, please list: _____

Please review the job description for this position. Do you have the required type and years of experience for this position?

- I have all the experience required for this position.
- I have similar experience that is required for this position.
- I have some of the experience required for this position.
- I have none of the experience required for this position.

Can you perform the essential functions of this position? Yes No

Driving a Town vehicle may be required for this position, for training or for conferences.

Do you have a valid New Mexico driver's license? Yes No

Are you a United States citizen? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes No

PERSONAL INFORMATION

Name: _____ Other Name Used: _____

Social Security Number: _____

Present Mailing Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

How Many Years at This Address? Years _____ Months _____

Daytime Phone Number: _____ Other Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Are you available to work (circle all that apply): Full Time Part Time Shift Work Temporary

Can you travel if the job requires it? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

EDUCATION & TRAINING

Please attach a copy of all certifications, diplomas licenses and/or awards.

Do you have a high school diploma? Yes No
 If yes, name and location of school: _____

If no, do you have a GED? Yes No
 Date Obtained: _____

Did you attend a college or trade school? Yes No

If yes, name and location of school: _____

Did you graduate? Yes No

Degree (s) obtained: _____

Dates attended: _____ to _____

Courses Studied: _____

Describe any special skills or training: _____

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

List any licenses, certifications, honors and/or awards: _____

List any community service or volunteer work, past or present: _____

MILITARY SERVICE

Branch of Service: _____

Discharge date: _____ Type of Discharge: _____

Are you currently a member of the Reserves or National Guard? Yes No

REFERENCES

Please list at least 2 business references and only 1 personal reference. Must have been an acquaintance for minimum one year.

Name: _____

Address: _____ Phone: _____

Business: _____ Years Acquainted: _____

Name: _____

Address: _____ Phone: _____

Business: _____ Years Acquainted: _____

Name: _____

Address: _____ Phone: _____

Business: _____ Years Acquainted: _____

FORMER EMPLOYMENT

Start with your most recent job. Include any job related military service and volunteer activities.

EMPLOYER: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: _____ Ending Salary: _____

Description of Work: _____

Reason for leaving or seeking other employment: _____

If this is your current employer, may we contact them? Yes No

EMPLOYER: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: _____ Ending Salary: _____

Description of Work: _____

Reason for leaving or seeking other employment: _____

EMPLOYER: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: _____ Ending Salary: _____

Description of Work: _____

Reason for leaving or seeking other employment: _____

CERTIFICATION AND AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, I will be barred from employment with the Town of Estancia. I also certify that I can provide the necessary documentation for employment as required on the I-9 form. I certify that I will adhere to the Town of Estancia's Personnel Ordinance and regulations for employment. I understand that employment is conditional upon the successful completion of a criminal background check, employment verification, physical and drug and alcohol screen.

Signature: _____

Date: _____

TOWN OF ESTANCIA**AUTHORIZATION TO RELEASE INFORMATION AND REQUIRE MEDICAL EXAMINATION AND DRUG AND ALCOHOL TESTING**

The applicant is to complete the following information:

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephone facsimile or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation any law enforcement agency, institution, information service bureau, school, employer (past and present), reference or insurance company to furnish the information described in Section I.
5. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information reports.
6. I understand that my eligibility for employment and/or continued employment is contingent upon the Town of Estancia gaining access to these records.

 (Please Print) Last Name First Middle

 Any other names used

 Home Address City State Zip Code

 Social Security Number Date of Birth

 Drivers License Number State Issuing License

 Name as it appears on Drivers License

Optional:

RACE: _____Asian _____Black _____Hispanic _____White _____Other

 Signature

 Date