CITY OF TUCUMCARI
EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by policy choices of the organization's elected officials. Each employee is expected to conduct themselves in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

ALL PAGES OF THIS APPLICATION MUST BE COMPLETED AND SIGNED IN ORDER TO BE CONSIDERED FOR HIRE.

PLEASE TYPE OR PRINT IN INK

NAME:
(As it appears on your Social Security Card/ Work Permit Card)

_____
Last First M.I.

ADDRESS _____

CITY, STATE, ZIP _____

Message Contact

HOME TELEPHONE Name (Area Code) Phone Number _____

DAYTIME TELEPHONE ARE YOU AT LEAST 18 YEARS OLD? Yes ☐ No ☐

OTHER NAMES YOU HAVE USED: _____

POSITION APPLIED FOR: SALARY REQUIREMENTS: $ _____

REFERRED FOR THIS POSITION BY: DATE AVAILABLE: _____

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? No ☐ Yes ☐ WHEN? DEPARTMENT: _____

SUPERVISOR: REASON FOR LEAVING: _____

Do any of your relatives work here?

NO ☐ YES ☐

If, YES, Relatives Name

_____

_____

City of Tucumcari employees are *required* to have a valid NM driver's license, please fill in the information below. If you have recently moved to NM, you will be given a timeframe to get a NM Driver's License.

I HAVE A VALID DRIVER'S LICENSE

NO ☐ YES ☐

D.L.#: _____

STATE: _____

YOU MUST SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES ***PRIOR*** TO BEING HIRED

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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 / SKILLS

EDUCATIONAL LEVEL?_____ DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? ☐ NO ☐ YES

		YEARS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL					
COMMUNITY or JUNIOR COLL					
BUSINESS or TRADE SCHOOL					
COLLEGE or UNIVERSITY					
GRADUATE SCHOOL					

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		☐ Skilled ☐ Competent ☐ Familiar
Spreadsheet		☐ Skilled ☐ Competent ☐ Familiar
Database		☐ Skilled ☐ Competent ☐ Familiar
Other		☐ Skilled ☐ Competent ☐ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)

TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

NAME	DATE	NAME	DATE

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

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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 ________________
TYPE OF BUSINESS ________________ REASON FOR LEAVING ________________
BASE SALARY ________ / ________ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES ________
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ________________

FROM (Mo/Yr) ________ TO (Mo/Yr) ________ TOTAL ________ YRS ________MOS. YOUR POSITION ________________
EMPLOYER: ________________ YOUR SUPERVISOR ________________
ADDRESS: ________________ PHONE ________________
TYPE OF BUSINESS ________________ REASON FOR LEAVING ________________
BASE SALARY ________ / ________ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES ________
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ________________

FROM (Mo/Yr) ________ TO (Mo/Yr) ________ TOTAL ________ YRS ________MOS. YOUR POSITION ________________
EMPLOYER: ________________ YOUR SUPERVISOR ________________
ADDRESS: ________________ PHONE ________________
TYPE OF BUSINESS ________________ REASON FOR LEAVING ________________
BASE SALARY ________ / ________ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES ________
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ________________

FROM (Mo/Yr) ________ TO (Mo/Yr) ________ TOTAL ________ YRS ________MOS. YOUR POSITION ________________
EMPLOYER: ________________ YOUR SUPERVISOR ________________
ADDRESS: ________________ PHONE ________________
TYPE OF BUSINESS ________________ REASON FOR LEAVING ________________
BASE SALARY ________ / ________ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES ________
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ________________

FROM (Mo/Yr) ________ TO (Mo/Yr) ________ TOTAL ________ YRS ________MOS. YOUR POSITION ________________
EMPLOYER: ________________ YOUR SUPERVISOR ________________
ADDRESS: ________________ PHONE ________________
TYPE OF BUSINESS ________________ REASON FOR LEAVING ________________
BASE SALARY ________ / ________ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES ________
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ________________

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, childcare, disability or any other protected activity.

____

____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

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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)

EMERGENCY CONTACT

NAME_____ RELATIONSHIP _____
ADDRESS_____ CITY, STATE, ZIP _____
HOME PHONE_____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S): ☐ YES ☐ NO
MY PAST EMPLOYER(S): ☐ YES ☐ NO
MY REFERENCES: ☐ YES ☐ NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices 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 records will also be conducted.

I 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 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 Resources 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 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 all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses 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.

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

SIGNATURE OF APPLICANT_____ DATE _____