



# City of Truth or Consequences

505 Sims Street ♦ Truth or Consequences, New Mexico 87901 ♦ (505) 894-6673 ♦ FAX (505) 894-7767

## EMPLOYMENT APPLICATION ♦ APPLICATION GOOD FOR JOB ANNOUNCEMENT ONLY ♦

### PERSONAL DATA

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_ Expected Salary \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Can you prove work status? Yes \_\_\_\_\_ No \_\_\_\_\_

List all relatives, by blood, adoption, or marriage, working for the City and where they work:  
\_\_\_\_\_  
\_\_\_\_\_

Employment will depend upon a favorable background investigation, successfully passing pre-employment drug test and medical acceptance

### BACKGROUND INFORMATION

Have you ever served on active duty with the U.S. Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Rank or rate at time of discharge: \_\_\_\_\_

Principal military duties: \_\_\_\_\_

Were you ever convicted of or have you ever pled guilty to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the preceding question, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: All persons considered for employment will be routinely investigated for felony involvement by the Police Department. Any person convicted of a felony may have certain employment opportunities under the provisions of the Criminal Offender Employment Act (§28-2-1 et seq. NMSA 1978).

NM Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

NM Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

# EMPLOYMENT RECORD

Start with your present or last job, and describe your employment history for the past seven years. If you need more space, use additional paper, or you may attach a resume.

Phone No. ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present or past employers regarding your qualifications? Yes \_\_\_\_ No \_\_\_\_

List three persons you are not related to which we may contact regarding your ability and character. Do NOT use City elected or City management officials.

Name	Occupation	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## EDUCATION

Copies of supportive documents, i.e., diploma, degree or certification must be attached to application.

Circle highest grade completed:    1   2   3   4   5   6   7   8   9   10   11   12    (Online-Use highlighter to select.)

Name and location of last grade or high school attended: \_\_\_\_\_

High School Diploma?    Yes \_\_\_\_\_    No \_\_\_\_\_    G.E.D.?    Yes \_\_\_\_\_    No \_\_\_\_\_

Technical/Vocational School?    1 Year \_\_\_\_\_    2 Year \_\_\_\_\_

Community College?    1 Year \_\_\_\_\_    2 Year \_\_\_\_\_    Degree \_\_\_\_\_    Certification \_\_\_\_\_

College/University?    Yes \_\_\_\_\_    No \_\_\_\_\_    Number of years completed:    1   2   3   4   5   6

If yes, from which college or university did you graduate? \_\_\_\_\_

Graduate Degree?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, type of degree and discipline: \_\_\_\_\_

From what university did you receive a graduate degree? \_\_\_\_\_

List any special licenses you hold: \_\_\_\_\_

Describe any specialized training pertinent to the job for which you are applying: \_\_\_\_\_

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### BUSINESS/CLERICAL APPLICANTS ONLY

Typing WPM \_\_\_\_\_    Shorthand WPM \_\_\_\_\_    Transcription WPM \_\_\_\_\_

Transcription Method(s): \_\_\_\_\_

Can you operate a personal computer?    What kind? \_\_\_\_\_

List software you can operate for word processing:    WordPerfect \_\_\_\_\_

Other \_\_\_\_\_

List other automated office equipment you can operate: \_\_\_\_\_

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I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the City and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all person, schools, companies and law enforcement authorities to release any information concerning my back-ground and hereby release said persons/entities from any liability for any damage whatsoever for issuing this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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[FOR OFFICIAL USE ONLY]

## Voluntary Completion by Applicant

This information will be separated from the application when it received by the personnel office. The information will have no bearing upon consideration for employment. The information is **ONLY** used to comply with Federal Equal Employment Opportunity record keeping and reporting requirements.

The City of Truth or Consequences does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or any other legally protected class in employment of the provision of services.

**Failure to supply this information will NOT jeopardize or adversely affect any consideration you may receive for employment or later advancement or re-employment.**

However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

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Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex:  Male  Female

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**CHOOSE the CATEGORIES with which you most closely identify.**

### RACE CATEGORIES:

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

### ETHNICITY CATEGORIES:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO