

# City of Carlsbad

P.O. Box 1569, Carlsbad, New Mexico 88221-1569

Telephone (575) 887-1191

## EMPLOYMENT APPLICATION

All qualified applicants will receive consideration without discrimination in regards to sex, marital status, race, age, creed, national origin, or the presence of disabilities. Information submitted with this application is subject to verification. Additional testing of job-related skills may be required. All applicants must successfully pass a drug screen test prior to employment. After an offer of employment and prior to reporting to work, all applicants are required to complete a medical history form and to be examined by a medical professional designated by the city. All offers of employment are contingent upon City Council approval.

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden or Original

Address \_\_\_\_\_  
Number & Street City State Zip Code

Telephone # \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Have you been employed with us before?  Yes  No If yes, when \_\_\_\_\_

Are you related to anyone currently employed by the city?  Yes  No  
If yes, give name, relationship, and department in which they work \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of  
Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

If required, do you have the appropriate valid drivers license?  Yes  No

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you read or had explained to you the requirements of this job?  Yes  No

Can you perform the requirements of this job with or without reasonable  
accommodation?  Yes  No

### EDUCATION

Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

	High School	College/University	Vocational	Other
School Name				
City/State				
Dates Attended				
Did You Graduate?				
Course of Study				

**EMPLOYMENT EXPERIENCE**

(If you need additional space, please continue on a separate sheet.)

(Begin with present or last job)

May we contact your present employer? \_\_\_\_\_

Employer:	Dates: From _____ To _____
Address, City, State:	Phone #:
Duties:	Job Title:
	Supervisor:
	Salary:
Reason for Leaving:	

Employer:	Dates: From _____ To _____
Address, City, State:	Phone #:
Duties:	Job Title:
	Supervisor:
	Salary:
Reason for Leaving:	

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Address, City, State:	Phone #:
Duties:	Job Title:
	Supervisor:
	Salary:
Reason for Leaving:	

Military Service: Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

List languages in which you are fluent \_\_\_\_\_

List any special skills, training, experience, or qualifications:

\_\_\_\_\_

Activities, hobbies, interests, honors, etc. you would like to include:

\_\_\_\_\_

**REFERENCES**

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that the facts set forth in this application are true and complete. I understand that any omission or misstatement of fact may result in rejection of my application or discharge at any time during my employment. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_