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:	

Employer:	Dates: From To
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** _____