

**City of Carlsbad Police Department**  
**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. 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: \_\_\_\_\_  
Street
City
State
Zip Code

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

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

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

Are you related to anyone currently employed by the City of Carlsbad?  Yes  No

If yes, give name, relationship, and department in which they work. \_\_\_\_\_

Are you a United States citizen? *(Proof will be required prior to employment)*  Yes  No

Are you over 21 years of age?  Yes  No

Have you ever been convicted, pled guilty, or pled no contest to: A Felony crime?  Yes  No

A Misdemeanor crime of Domestic Violence  Yes  No Assault or battery on a family member?  Yes  No

If yes, give dates and charges: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

Your current, valid Driver's License Number: \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

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 the highest Grade completed:    7    8    9    10    11    12    13    14    15    16    16+

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

**EMPLOYMENT EXPERIENCE**

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

Most Recent Employer:		Phone Number ( )	
Address:		Job Title	
Dates: From	To	Supervisor	Salary
Duties			
Reason for leaving			

Second Most Recent Employer:		Phone Number ( )	
Address:		Job Title	
Dates: From	To	Supervisor	Salary
Duties:			
Reason for leaving			

Third Most Recent Employer:		Phone Number ( )	
Address:		Job Title	
Dates: From	To	Supervisor	Salary
Duties:			
Reason for leaving			

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

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

Can you type?  Yes  No If yes, words per minute: \_\_\_\_\_

Are you currently certified as a: Police Officer?  Yes  No Dispatcher/Telecommunicator?  Yes  No

List any certifications or registrations you possess: \_\_\_\_\_

List any special skills, training, experience, or qualifications you possess: \_\_\_\_\_

List any activities, hobbies, interests, honors, etc. you would like to include: \_\_\_\_\_

**REFERENCES**

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please give any comments you would like considered with this application: \_\_\_\_\_

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: \_\_\_\_\_