

City of Carlsbad Police Department
P. O. Box 1569, Carlsbad, New Mexico 88221-1569
Telephone (575) 887-1191/Fax (575) 887-5115/hr@cityofcarlsbadnm.com

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 # : _____ Email _____

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:
