

Town of Mountainair

Application for Employment

mountainairnm.gov

P.O. Box 115, Mountainair, NM 87036

505-847-2321

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position. Answer all questions. Applications will not be considered until complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Mountainair does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, sexual orientation, physical or mental disability, medical condition or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.

Personal Information

(Last)	(First)			(Middle)		
Address:						
(Number) (Street)	eet) (Cit			ty, State, Zip)		
Telephone:						
(Home)	(Work)		(Cell)		
Referral:		Туре о	f Employment:	Full / Part /	Temp / Seasonal	
Desired Salary Range:		Date Availa	able for Work:			
Date of Application:		Position	n Applied For:			
Have you ever been employed by the Town of Mountainair?	Ye	s	No			
If yes, when:						
Does the Town of Mountainair employ any relative of yours	? Ye	s	No			
If yes, Name:	1	Relationship	:			
Can you work legally in the United States? Ye	es No)				
If hired, documentation showing eligibility for employment a	and identity wi	ll be reque	sted.			
Do you possess a valid driver's license? Ye	es No)				
			State	e Class	License #	
Have you ever been convicted of a misdemeanor or felony?	Ye	es	No			
If yes, on a separate sheet of paper, please give date(s) and place(s), A conviction will not necessarily disqualify applicant from employn	-	rge(s) and fu	Illy explain the situ	uation.		
U.S. Military Service:						
Date Entered	Date Disch	arged	Brar	nch	Rank	

Is this application a request for re-employment following an extended military leave of absense from the Town: Yes No

Employment History

Company Name	Type of Business	From (Month/Year) To (Month/Year)		
Address	City, State, Zip	Job Title		
Address	City, State, Zip			
Phone	Supervisor's Name	\$ Starting Hourly Rate	\$ Ending Hourly Rate	
Thone	-	Starting Houry Rate	Litening Hourry Rate	
Hours Per Week	Yes / No May we contact your prior employer	Full Time / Part Time	/ Temporary / Seasonal	
	thay we contact your prior emproyer	Tun Time / Ture Time	, remporary, beasonar	
Duties:				
Reason for leaving:				
Company Name	Type of Business	From (Month/Year) To (Month/Year)		
Address	City, State, Zip	Job Title		
Address	City, State, Zip			
Phone	Supervisor's Name	\$ Starting Hourly Rate	\$ Ending Hourly Rate	
Phone		Starting Houry Kate	Ending Houry Rate	
Hours Per Week	Yes / No May we contact your prior employer	Full Time / Part Time	/ Temporary / Seasonal	
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Duties:				
Reason for leaving:				
Company Name	Type of Business	From (Month/Year) To (Month/Year)		
Address	City, State, Zip	Job Title		
		\$	\$	
Phone	Supervisor's Name	Starting Hourly Rate	Ending Hourly Rate	
	Yes / No			
Hours Per Week	May we contact your prior employer	Full Time / Part Time	/ Temporary / Seasonal	
Duties:				
Reason for leaving:				
C N	Type of Business			
Company Name	Type of Business	From (Month/Year) To (Month/Year)		
Address	City, State, Zip	Job Title		
		\$	\$	
Phone	Supervisor's Name	Starting Hourly Rate	Ending Hourly Rate	
	Yes / No			
Hours Per Week	May we contact your prior employer	Full Time / Part Time	/ Temporary / Seasonal	
Duties:				
Reason for leaving:				
reason for leaving.				

References

Name	Title	Relationship	Phone Number	Years Known		
Name	Title	Relationship	Phone Number	Years Known		
Name	Title	Relationship	Phone Number	Years Known		
	<u>Educat</u>	<u>ion</u>				
	Not graduated HS Diploma	GED				
High School Name	Level Completed (Circle O	ne)	City, State			
College Name	Degree Obtained		City, State			
Graduate / Business School	Degree Obtained		City, State			
<u>S</u>	pecial Skills, Certifi	cates or Lice	enses			
Typing Speed	Software Programs		Office Machines			
Typing Speed	Software Programs		office Machines			
Heavy Equipment	Other Machinery		Foreign Languages Known (Fluer	nt)		
CPR / First Aid / EMT-B / Other		Other Special Skills				
ease indicate any other information you	would like us to consider:					

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the Town of Mountainair is true, complete and correct.

I expressly authorize, without reservation, the Town of Mountainair, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, educational institutions and any other individuals the Town of Mountainair deems suitable to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Mountainair, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment, whenever it is discovered. I understand that by signing this, I give the Town of Mountainair permission for a background check and drug test at their discretion.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. By signing, you certify you have read, understand and accept terms.

Signature of Applicant

Date