



# 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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Referral: \_\_\_\_\_ Type of Employment: Full / Part / Temp / Seasonal

Desired Salary Range: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Have you ever been employed by the Town of Mountainair? Yes No  
If yes, when: \_\_\_\_\_

Does the Town of Mountainair employ any relative of yours? Yes No  
If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Can you work legally in the United States? Yes No  
If hired, documentation showing eligibility for employment and identity will be requested.  
Do you possess a valid driver's license? Yes No  
\_\_\_\_\_  
State Class License #

Have you ever been convicted of a misdemeanor or felony? Yes No  
If yes, on a separate sheet of paper, please give date(s) and place(s), the specific charge(s) and fully explain the situation.  
A conviction will not necessarily disqualify applicant from employment.

U.S. Military Service: \_\_\_\_\_  
Date Entered Date Discharged Branch Rank

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

## Employment History

Company Name	Type of Business	From (Month/Year) To (Month/Year)	
Address	City, State, Zip	Job Title	
Phone	Supervisor's Name	\$	\$
	Yes / No	Starting Hourly Rate	Ending Hourly Rate
Hours Per Week	May we contact your prior employer	Full Time / Part Time / Temporary / Seasonal	

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	\$	\$
	Yes / No	Starting Hourly Rate	Ending Hourly Rate
Hours Per Week	May we contact your prior employer	Full Time / Part Time / Temporary / Seasonal	

Duties:

Reason for leaving:

Company Name	Type of Business	From (Month/Year) To (Month/Year)	
Address	City, State, Zip	Job Title	
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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	\$	\$
	Yes / No	Starting Hourly Rate	Ending Hourly Rate
Hours Per Week	May we contact your prior employer	Full Time / Part Time / Temporary / Seasonal	

Duties:

Reason for leaving:

## References

Name	Title	Relationship	Phone Number	Years Known

## Education

High School Name	Not graduated   HS Diploma   GED Level Completed (Circle One)	City, State

## Special Skills, Certificates or Licenses

Typing Speed	Software Programs	Office Machines

Please 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

# Background Check Disclosure & Authorization

## Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a "consumer report," as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

## Authorization for Employer to Obtain Consumer Report

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorize the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment or ongoing employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

**The following information is necessary to confirm your identity for completing an accurate background check. It is confidential and will not be taken into consideration in any employment decisions.**

Please Print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Please list previous addresses for the past seven years (in chronological order):**

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Other Names Used (alias, maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Signature of Applicant/Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company/Employer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer: Keep the Background Check Disclosure & Authorization form separate from other employee personnel records. Give applicant/employee a copy of this form and retain the original for your records.**