

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:

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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
College Name	Degree Obtained	City, State
Graduate / Business School	Degree Obtained	City, State

Special Skills, Certificates or Licenses

Typing Speed	Software Programs	Office Machines
Heavy Equipment	Other Machinery	Foreign Languages Known (Fluent)
CPR / First Aid / EMT-B / Other	Other Special Skills	

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