



# Town of Bernalillo

829 Camino Del Pueblo, P.O. Box 638, Bernalillo, New Mexico 87004  
Town Hall • (505) 867-3311 • Human Resources • (505) 771-7112

## EMPLOYMENT APPLICATION

Position Applied For \_\_\_\_\_

### PERSONAL

NAME (Last) (First) (Middle) Home Telephone

Mailing Address (P.O. Box No., City, State, Zip Code)

Street Address/Location of Residence

Check which following options you would consider

Full-time  Part-time  Temporary

List any Relatives Working for the Town:

Name Department

Are you legally eligible for employment in the United States

Yes  No

Were you previously employed by the Town of Bernalillo?

Yes  No

Dates:

Do you possess a valid Driver's License?  Yes  No

What state: \_\_\_\_\_ Type \_\_\_\_\_ License # \_\_\_\_\_

On what date would you be available for work?

### EDUCATION AND TRAINING

High School Complete Address Graduated:  Yes  No  
GED Certificate:  Yes  No

College or University Complete Address Major Degree/Year

Trade School Complete Address Major Degree/Year

Apprentice School Complete Address Subjects Completed:  Yes  No  
Year:

List any other education, training, special skills or certificates/licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating?

List any languages that you fluently: Speak: Read: Write:

## REFERENCES

List business/work references known for at least three (3) years who are not related to you

Name	Title	Address	Telephone	Years Known
1.				
2.				
3.				

## EXPERIENCE -

List the last 10 years of work experience beginning with the most recent.

Name of Employer		Type of Business		
Address	City	State	Zip Code	Telephone
Dates Employed From	To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time
Name & Title of Supervisor		May we contact ( ) Yes ( ) No	Reason for leaving	
Brief Description of Duties				

Name of Employer		Type of Business		
Address	City	State	Zip Code	Telephone
Dates Employed From	To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time
Name & Title of Supervisor		May we contact ( ) Yes ( ) No	Reason for leaving	
Brief Description of Duties				

Name of Employer		Type of Business		
Address	City	State	Zip Code	Telephone
Dates Employed From	To	Starting Title	Last Title	Was Employment ( ) Full Time ( ) Part Time
Name & Title of Supervisor		May we contact ( ) Yes ( ) No	Reason for leaving	
Brief Description of Duties				

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal, State and City laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

## APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that the information contained in this Application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this Application may be sufficient cause for rejection of this Application or dismissal after employment. I authorize the Town of Bernalillo to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand this Application shall become public record to the extent authorized by law.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_