OF BLOOM	Employ Applica		CITY OF 915 Bloomfi Fax (5	: Administration BLOOMFIELD N First St. ield, NM 87413 505) 632-6310 505) 632-6300	
	**** Please Type	or Print Clearly in	Ink ****		
POSITION APPLIED FOR:			DATE OF APPLICAT	FION://	
NAME:			1		
Last	First	Middle Initial		used or known by, i.e. maiden name)	
Address:		Ем	ALL ADDDESS.		
Street/P.O. Box	City State Zip Code			STATUS & EMPLOYMENT UPDATES	
TELEPHONE NUMBER: SOCIAL SECURITY NUMBER:					
May we contact you at work?	□ YES □ NO Work	number	Best time to	o call:	
If you are under 18, can you provide proof of eligibility to work?					
Have you ever filed an application with us before? YES DO IF YES, GIVE DATE:					
Have you ever been employed					
If yes, give dates:					
Are you related to any City employee or elected City official?					
Are you legally eligible for employment in the United States?					
Date available for work:	Employr	nent desired: DFul	l-Time □ Part-Time	□ Temporary □ Seasonal	
Are you on a lay-off subject t	o recall?			□ YES □ NO	
Have you ever been bonded?					
Please provide the following:	Driver's License N	umber		State	
How did you learn of this position? Newspaper Referral Website Other					

EMPLOYMENT HISTORY: List your employment history for the past ten (10) years, including military experience. Explain any gaps in employment in the *COMMENTS Section*. Do not make reference to resumes.

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\Box Yes \Box No \Box Later			□ Yes □ No □ Later	

EMPLOYMENT HISTORY CONTINUED: List your employment history for the past ten (10) years, including military experience. Explain any gaps in employment in the *COMMENTS Section*. No reference to resumes.

Employer:	Telephone:	Dates Employed:
Address:	From:	
Job Title:	То:	
Immediate Supervisor and Title:	Hourly Rate / Salary:	
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:	Final:	
	May we contact for reference?	
Employer:	Telephone:	
Address:		From:
Job Title:		То:
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Address:	From:	
Job Title:	To:	
Immediate Supervisor and Title:	Hourly Rate / Salary:	
Reason for Leaving:	Start:	
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		□ Yes □ No □ Later

EDUCATIONAL BACKGROUNI)					
List last three schools attended, including high school, starting with most recent.	Number years completed.	diploma	e degree or a earned, if any.	Grade Point Average or Class Rank	Major (if applicable)	Minor (if applicable)
1)						
2)						
3)						
LANGUAGE: List the language(s) you use and check the box that describes your skill level (English, Spanish, etc.).						glish, Spanish, etc.).
				Read	Write	Speak
1)						
2)						
SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City.						employment or other
□ Typingwp	m		Word	□ Access	□ Oth	ner
□ Windows			Excel	D Powerl	Point	
Other Job-Related Skills, Training,	Qualificatio	ns:				
REFERENCES: List three persona	l references	not relat	ed to you.			
Name				Telepho	ne	Years Known
1)			()		
2)			()		
3)			()		
ADDITIONAL INFORMATION						
List professional trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status).						
Organization					Offices held	
List special accomplishments, publications, awards.						
(Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status).						
COMMENTS:						

PLEASE READ AND SIGN THE STATEMENTS BELOW (Unsigned applications will be rejected and not be considered):

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Bloomfield and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

Note: It is hereby understood and agreed that if hired by the City of Bloomfield, I will be employed on a probationary basis for a period of twelve (12) months.

Applicant Signature _____ Date: ____/____

PRE-EMPLOYMENT PHYSICAL/DRUG SCREENING ACKNOWLEDGMENT AND AGREEMENT

By my signature below, I ______, realize and understand that if considered for employment with the City of Bloomfield, I will be required to submit to a pre-employment physical/drug screen test as a condition of hire. The City of Bloomfield will pay for this drug screening.

My signature below also serves to acknowledge and agree to the fact that if I receive a preliminary offer of employment with the City of Bloomfield, and accept it, one factor that must be met PRIOR to a final offer of employment being made is the successful completion of a physical/drug screen test. Successful completion of a drugscreening test is defined as test results showing no trace of drugs. If successful completion of a drug-screening test is not obtained, I understand I will not be eligible for hire with the City of Bloomfield.

Applicant Signature _____

Date: / /

AUTHORIZATION FOR RELEASE OF CRIMINAL ARRESTS AND DRIVING RECORD

I authorize the City of Bloomfield to obtain criminal arrests and driving record information about me from law enforcement agencies, courts of law, and motor vehicle departments, of any state in which I reside (or have resided).

Applicant Signature _____ Date: ___ /___/

The City of Bloomfield is an Equal Opportunity Employer



EMPLOYMENT REFERENCE WAIVER

Note: This waiver must be signed in the presence of a Notary Public.

I, _____, have made application with the City of Bloomfield, New Mexico for the position of _____.

I hereby authorize the City of Bloomfield Human Resource Department or the City of Bloomfield Police Department to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Further, authorize past employers and the references I have listed to disclose to the City of Bloomfield any and all information pertinent to my employment with the City of Bloomfield without giving me prior notice of such disclosure. Any information obtained could be confidential or privileged in nature. In addition, I hereby release the City of Bloomfield, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of disclosure.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature.

Signature	Date		
Printed Name	SS Number		
Address			
County of San Juan State of New Mexico			
Subscribed and sworn to before me by day of, 20	on this	-	
My commission expires:	Notary Public	_	

AFFIRMATIVE ACTION INFORMATION SURVEY

The City of Bloomfield is a government entity, subject to government regulations and affirmative action guidelines.

To assist with government reporting purposes, please fill out this confidential survey. The information that you provide on this survey is voluntary, confidential, and will not be kept with your application. You are not required to provide the information on this form and refusal to provide such information will in no way affect your status as an applicant.

Please DO NOT staple or paperclip to application.

PLEASE PRINT

Date:_____ Name (Last, First):_____

Position Applied For:_____

CHECK ONE:				
Male				
E Female				
CHECK ONE OF THE FOLLOWING				
CHECK ONE OF THE FOLLOWING				
ETHNIC GROUPS:				
American Indian / Alaskan Native				
Asian / Pacific Islander				
Black				
Caucasian / White (not Hispanic origin)				
Hispanic				
CHECK YES OR NO TO THE				
FOLLOWING QUESTIONS:				
VETERAN Yes No				
AGE 40-70 Yes No				