



Village of Tularosa

705 St Francis Drive
Tularosa, NM 88352
(575)585-2771 fax (575)585-9892

APPLICATION FOR EMPLOYMENT

The Village of Tularosa provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age disability, marital status, amnesty or status as a covered veteran in accordance with the applicable federal, state and local laws.

Date: _____

Position Applying for: _____

PERSONAL INFORMATION:

Applicants Last name: _____ First name: _____ Middle initial: _____

Date of Birth: _____ (Note: If you are considered for the position you will be asked to provide your Valid Drivers License Number and Social Security Card)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Are you a US Citizen or otherwise authorized to work in the US on an unrestricted basis? Y___ N___

Have you ever been convicted of a felony? Y___ N___ If yes, please explain _____

Are you a relative of any employee currently employed with the Village of Tularosa? Y___ N___ If yes, Whom? _____

How did you learn of this position? _____

What is your desired salary? _____

Are you currently employed? Y___ N___ If yes, may we contact your current employer? Y___ N___

What date would you be available for employment? _____

Are you looking for full-time employment? Y___ N___ If part-time, what hours would you be available? _____

Have you applied/been employed with the Village of Tularosa in the past? Y___ N___ If yes, when? _____

EDUCATION:

High School: _____

College: _____

Trade or Correspondence School: _____

Subject of Special Study: _____

Special Training: _____

Special Skills: _____

If you have any other skills that you would like the Village of Tularosa to consider? _____

FORMER EMPLOYERS (most current first):

	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: (give below the names of three persons not related to you, whom you have known for at least one year)

Name	Address/Phone	Business/Relationship	Years Known

AUTHORIZATION:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

 Date

 Signature

 Date received by Village of Tularosa

 Received By