



Employment Application

Return to: Administration
CITY OF BLOOMFIELD
915 N First St.
Bloomfield, NM 87413
Fax (505) 632-6310
Tel. (505) 632-6300

**** Please Type or Print Clearly in Ink ****

POSITION APPLIED FOR: _____ DATE OF APPLICATION: ____/____/____

NAME: _____ / _____

Last

First

Middle Initial

(List any names previously used or known by, i.e. maiden name)

ADDRESS: _____

Street/P.O. Box

City

State

Zip Code

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

May we contact you at work? YES NO Work number _____ Best time to call: _____

If you are under 18, can you provide proof of eligibility to work? YES NO

Have you ever filed an application with us before? YES NO IF YES, GIVE DATE: _____

Have you ever been employed by the City of Bloomfield? YES NO

If yes, give dates: From ____/____/____ to ____/____/____

Are you related to any City employee or elected City official? YES NO

If yes, who and what is the relationship? _____

Are you legally eligible for employment in the United States? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work: _____ Employment desired: Full-Time Part-Time Temporary Seasonal

Are you on a lay-off subject to recall? YES NO

Have you ever been bonded? YES NO

Please provide the following: Driver's License Number _____ 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.

Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

EDUCATIONAL BACKGROUND

List last three schools attended, including high school, starting with most recent.	Number years completed.	Indicate degree or diploma 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.).

	Read	Write	Speak
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City.

<input type="checkbox"/> Typing	wpm	<input type="checkbox"/> Word	<input type="checkbox"/> Access	<input type="checkbox"/> Other
<input type="checkbox"/> Windows		<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	

Other Job-Related Skills, Training, Qualifications:

REFERENCES: List three personal references not related to you.

Name	Telephone	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 drug-screening 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 _____ on this ____
day of _____, 20____.

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: _____

<p><u>REFERRAL SOURCE:</u></p> <p><input type="checkbox"/> College Recruitment</p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> Job Service</p> <p><input type="checkbox"/> City Hall Postings</p> <p><input type="checkbox"/> City's Online Posting</p> <p><input type="checkbox"/> Previous City Employee</p> <p><input type="checkbox"/> Radio/TV Ad Name: _____</p> <p><input type="checkbox"/> News Paper Ad Name: _____</p> <p><input type="checkbox"/> Employee Referral Name: _____</p> <p><input type="checkbox"/> Other _____</p>	<p><u>CHECK ONE:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><u>CHECK ONE OF THE FOLLOWING</u></p> <p><u>ETHNIC GROUPS:</u></p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Asian / Pacific Islander</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Caucasian / White (not Hispanic origin)</p> <p><input type="checkbox"/> Hispanic</p> <p><u>CHECK YES OR NO TO THE FOLLOWING QUESTIONS:</u></p> <p>VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AGE 40-70 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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