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?
		Yes No 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?
		Yes No Later

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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

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?
		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:		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

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?
		Yes No 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?
		Yes No 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?
		Yes No 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)	☐	☐	☐
2)	☐	☐	☐

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

☐ Typing wpm ☐ Word ☐ Access ☐ Other

☐ Windows ☐ Excel ☐ 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:_____

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