



1995

VILLAGE OF JEMEZ SPRINGS

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APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

PERSONAL INFORMATION

NAME: LAST FIRST MIDDLE TODAY'S DATE

ADDRESS: PRESENT STREET CITY/TOWN STATE ZIP

SOCIAL SECURITY NUMBER TELEPHONE NUMBER

EMPLOYMENT DESIRED

POSITION APPLIED FOR DATE YOU CAN START

HAVE YOU EVER APPLIED HERE BEFORE?.....YES ___ NO ___ IF YES, WHEN? _____

WERE YOU EVER EMPLOYED HERE BEFORE?.....YES ___ NO ___ IF YES, WHEN? _____

ARE YOU CURRENTLY EMPLOYED?.....YES ___ NO ___ MAY WE INQUIRE OF YOUR CURRENT EMPLOYER?.....YES ___ NO ___

EDUCATION

NAME AND LOCATION OF SCHOOL #YEARS ATTENDED DIPLOMA/DEGREE

HIGH SCHOOL

COLLEGE/UNIVERSITY

TRADE/BUSINESS SCHOOL

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

PREVIOUS EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment for the prior 10 years. If self-employed, give firm name and supply business references. Use addition space if necessary.

Name of Employer	Address	City	State	Zip
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Telephone Number Supervisor	PAY: Start-End	DATE EMPLOYED: Start-End
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Job Title and Duties

Reason for Leaving

Name of Employer	Address	City	State	Zip
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Telephone Number Supervisor	PAY: Start-End	DATE EMPLOYED: Start-End
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Job Title and Duties

Reason for Leaving

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Job Title and Duties

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Telephone Number Supervisor

PAY: Start-End

DATE EMPLOYED: Start-End

Job Title and Duties

Reason for Leaving

Name of Employer

Address

City

State

Zip

Telephone Number Supervisor

PAY: Start-End

DATE EMPLOYED: Start-End

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Address

City

State

Zip

Telephone Number Supervisor

PAY: Start-End

DATE EMPLOYED: Start-End

Job Title and Duties

Reason for Leaving

HAVE YOU EVER WORKED UNDER ANY OTHER NAME?.....YES ____ NO ____

IF YES, GIVE NAMES: _____

GIVE THREE REFERENCES (**NOT** RELATIVES OR FORMER EMPLOYERS):

NAME	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history including moral turpitude. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the Village of Jemez Springs Code of Conduct is a condition of my employment.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date: _____