

Town of Edgewood

P.O. Box 3610, Edgewood, NM 87015
505-286-4518 FAX 505-286-4519

Application for Employment

Position Applied For: _____

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position. Answer all questions. Applications will not be considered until complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Edgewood does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, physical or mental disability, medical condition or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt by the Town of Edgewood does not imply that the applicant will be employed.

Personal Information

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City, State, Zip)

Telephone (Home)(____)____-____ (Work)(____)____-____ (Other)(____)____-____

Have you ever used a different name for school or employment? Yes No
If so, what name(s)? _____

Have you ever been employed by the Town of Edgewood? Yes No
If yes, give date separated. _____

Does the Town of Edgewood employ any relative of yours? Yes No
If yes, Name _____
Relationship _____

Can you work legally in the United States? Yes No
If hired, documentation showing eligibility for employment and identity will be required.

Do you possess a valid Driver's License? Yes No
State _____ Class _____ License # _____

In accordance with the Military Selective Service Act, all male applicants between the ages of eighteen (18) and twenty-six (26) are required to present proof of registration.

Are you between the ages of 18-26? Yes No
If yes, have you registered for the Selective Service? Yes No
If yes, please provide your Selective Service Number _____

Have you ever been convicted of a misdemeanor or felony? _____
If yes, on a separate sheet of paper, please give date(s) and place(s), the specific charge(s), and fully explain the situation. A conviction will not necessarily disqualify applicant from employment.

Are you applying for: Full Time, Part Time, Temporary, Seasonal

Are you available to work: ___Weekends, ___Variable
Date available: _____, Hours/days not available:_____

Military Service

Date Entered	Date Discharged	Branch	Final Rank	Military Occupational Specialty
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Education/Training

<u>School Attended:</u>	<u>City/State:</u>	<u>Circle Level Completed:</u>	<u>Degree Obtained:</u>
High School		9 – 10 – 11 – 12 – GED	
College		F – S – Jr – Sr	
Graduate School		Graduate Major and Hours	
Business School		Courses Taken	
Vocational School		Courses Taken	

Licenses, Special Certificates or Skills

Indicate any foreign languages you can speak, read and/or write.

Speak _____, Read _____, Write _____

Typing Speed	Shorthand Speed	Do you operate a 10-key adding machine ___Yes ___No ___Sight ___Touch
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Office Machines

Software Programs

Heavy Equipment or Other Machinery

CPR___, First Aid___, EMT-B___, Other___

Please indicate any other information you would like us to consider.

Employment History

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and Locations. Please use a "Supplemental History" sheet, after filling this page and the next, for longer employment history.

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:
