



# Town of Edgewood

171 A State Road 344  
P.O. Box 3610  
Edgewood, NM 87015

## Employment Application

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 applied for. Your application will not be considered until it is 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 is an Equal Opportunity Employer and is committed to excellence through diversity. 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.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Do you possess a valid Driver's License? YES NO

State: \_\_\_\_\_ Class: \_\_\_\_\_ License #: \_\_\_\_\_

Are you over the age of 18? YES NO  
  If no, please provide your date of birth: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Does the Town of Edgewood employ any relative of yours? YES NO

If so, Who? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

***Please list three professional references.***

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Licenses, Special Certificates, or Skills

Please 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: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Military Occupational Specialty: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

**Please read and initial each point**

- *In the event of my employment with the Town of Edgewood, I will comply with all rules and regulations set forth in the Town's Policy manual or other communications distributed to employees. I understand that such employment may be conditional upon such record checks, references, and tests as are appropriate to the specific job for which I am applying. This shall include a drug screen by a physician selected by the Town of Edgewood to which I hereby consent. \_\_\_\_\_*
- *I authorize the Town of Edgewood to contact any individuals or organizations the Town deems suitable to make inquiry regarding my personal character, work habits, work performance, credit or my knowledge, ability and skill to perform the duties of the position for which I have applied. \_\_\_\_\_*
- *I hereby hold harmless and release the Town of Edgewood, and any persons or organizations contacted by the Town of Edgewood, from all liability of any kind, regarding their assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied. \_\_\_\_\_*
- *I understand that acceptance of an offer of employment does not create a contractual obligation upon the Town of Edgewood to continue to employ me in the future. \_\_\_\_\_*
- *If this application leads to employment, I understand that false, misleading, or omitted information in my application or interview may result in disciplinary action up to and including possible termination of employment. \_\_\_\_\_*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_