## TOWN OF EDGEWOOD

## **Town of Edgewood**

1911 Old Historic Route 66 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** Date:\_\_ Full Name: Last Address: Street Address Apartment/Unit # State ZIP Code City Other: Phone: Cell: Email: Social Security #: \_\_\_\_ YES NO Do you possess a valid Driver's License? State: Class: License #: YES Are you over the age of 18? ☐ If no, please provide your date of birth: Date Available: \_\_\_\_\_ Desired Salary \$\_\_\_\_\_ Position Applied for: YES YES NO Are you a citizen of the United States? ☐ If no, are you authorized to work in the U.S.? YES NO Have you ever worked for this company? If yes, when? \_\_\_\_\_ П YES NO Does the Town of Edgewood employ any relative of yours? 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	<u> </u>							
From:	To: Did you graduate?	YES	NO	Degree:					
	Refer	ences							
Please list three prof		CHCCS							
Full Name:									
۸ ماماسه م									
Address.									
Full Name:				Relationship:					
Company				Dhana					
Address:									
Full Name:		Relationship:							
Addroop:				Phone:					
Address.									
	Licenses, Special C	Certific	ates, c	or Skills					
Please indicate any foreign languages you can speak, read, and/or write.									
Speak:	Read:			Write:					
Typing Speed:	Shorthand Speed:			rate a 10-key adding machine: YES NO Touch:					
Office Machines:									

Heavy Equipment or	Other Machinery:			
CPR:	First Aid:	EMT-B:	Other:	
Please Indicate any o	other information you would like us to	consider.		
	Previous I	Employment		
List below your con	nplete employment record starting v		last employer. Include any	
unemployed or self-	-employed periods, showing dates	and locations. If need	ded, use a "Supplemental History"	
Sheet, after filling th	nis page for longer employment his	tory.		
Company:			Phone:	
Address:			Supervisor:	
Job Title:	Starting	Salary: <u>\$</u>	Ending Salary:	
Responsibilities:				
From:	To:	Reason for Leaving	ː	
May we contact your	previous supervisor for a reference?	YES NO		
Company:			Phone:	
A al alive a a a			0	
Job Title:	Starting S	Salary:\$	Ending Salary:\$	
Responsibilities:				
_	To:		:	
May we contact your	previous supervisor for a reference?	YES NO		
Company:			Phone:	
Address:			Supervisor:	
Job Title:	Starting S	Salary: <u>\$</u>	Ending Salary:	
Responsibilities:				

From:	To:	Reason fo	or Leaving:		_			
May we d	contact your previous supervisor for a reference?	YES	NO					
Company Address:				Phone:Supervisor:				
Job Title:	: Starting S	Ending Salary:	_					
Respons	ibilities:							
From:	To:	Reason fo	or Leaving:_		_			
May we	contact your previous supervisor for a reference?	YES	NO					
	Military	Service						
Branch:			_ From:_	To:	_			
Military C	Occupational Specialty:							
Rank at [	Discharge:	Type of	Discharge:_		_			
If other th	nan honorable, explain:							
	Disclaimer a	nd Signa	ture					
Please i	read and initial each point							
1	In the event of my employment with the Town of forth in the Town's Policy manual or other comm such employment may be conditional upon such to the specific job for which I am applying. This s Town of Edgewood to which I hereby consent.	unications record che hall include	distributed t ecks, referer	to employees. I understand that nces, and tests as are appropriate				
1	I authorize the Town of Edgewood to contact any make inquiry regarding my personal character, v ability and skill to perform the duties of the positi	vork habits,	work perfor	rmance, credit or my knowledge,	)			
ı	I hereby hold harmless and release the Town of by the Town of Edgewood, from all liability of an habits, performance, training, knowledge, skill or have applied	y kind, rega	arding their a	assessment of my character, work				
	understand that acceptance of an offer of employment does not create a contractual obligation upon the own of Edgewood to continue to employ me in the future.							
•	If this application leads to employment, I underst application or interview may result in disciplinary employment							
Signature	e:			Date:	_			