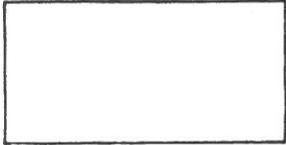


TOWN OF SILVER CITY



Application For Employment



P.O. Box 1188
101 West Broadway
Silver City, New Mexico 88062
(575) 538-3731

The Town of Silver City is firmly committed to the policy of providing Equal Employment Opportunity to all its employees and applicants for employment regardless of race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____ Position(s) Applied For _____

Rate of Pay Expected _____

Name _____
Last First Middle

Mailing Address _____
Number Street City State Zip Code

Permanent Address _____
Number Street City State Zip Code

Telephone (_____) _____
Area Code

Are you 18 years of age or older or age requirement for position? yes no
(Hire is subject to verification that age meets legal requirements.)

Have you been employed by the Town of Silver City before? yes no

If yes, give dates and reason for leaving. _____

Are you related to anyone now employed by the Town of Silver City? yes no

If yes, give name of relative, relationship, department and position. _____

Are you legally eligible for employment in the United States? yes no

On what date would you be available for work? _____

Are you a veteran of the U.S. Military service? yes no

Are you able to perform the essential functions of the job with or without reasonable accommodation?
 yes no

Do you have a valid drivers license?
 yes no

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

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
 (Exclude those which indicate race, color, religion, sex or national origin):

Give names, address and telephone number of three recent job-related references.

EDUCATION

	Elementary	High	College / Univ.	Graduate / Profes.
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe course of study				
Describe specialized training, apprenticeship, skills and extra-curricular activities				

Honors received: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Date Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason For Leaving			
Employer	Date Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason For Leaving			
Employer	Date Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason For Leaving			
Employer	Date Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason For Leaving			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience that apply to the position you are applying for.

Please note additional job-related references:

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment or interviews as may be necessary in arriving at an employment decision.

I agree that my employment may be terminated by the Town of Silver City at any time without liability for wages or salary except such as may have been earned at the date of such termination.

I understand that if I am employed, such employment is for an indefinite period of time and that the Town of Silver City can change wages, benefits and conditions at any time.

I further understand that this is an application for employment and that no contract is being offered.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town.

Signature of Applicant

Date

This application shall remain valid and on file for a period of six months. To revalidate, applicant should contact the receptionist/customer service representative to update the application.

NOTE: Supplementary documents may be submitted up to five (5) days after position vacancy deadline if applicant has submitted a completed application and/or resume by published deadline.