



# APPLICATION FOR EMPLOYMENT

Return to: Human Resource Office  
CITY OF ALAMOGORDO  
1376 E. Ninth Street  
Alamogordo, NM 88310  
Office Phone Number: (575) 439-4399  
Fax Number: (575) 439-4367  
www.ci.alamogordo.nm.us

**\*\*\*\*PLEASE NOTE: You may submit a resume, but a resume is not a substitute for this application. Incomplete and unsigned applications will be rejected and therefore, not considered. \*\*\*\***

**\*\*\*\* Please Type or Print Clearly in Ink \*\*\*\***

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_/OTHER NAME (S): \_\_\_\_\_  
Last First Middle Initial (List any names previously used or known by, i.e. maiden name)

ADDRESS: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

TELEPHONE NUMBER(S): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

May we contact you at work:  YES  NO Work number: \_\_\_\_\_ Time: \_\_\_\_\_

If you are under 18, can you furnish a work permit? .....  YES  NO

Have you ever been employed by the City? .....  YES  NO

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Department: \_\_\_\_\_

Are you related to any City employee or elected City official? .....  YES  NO

If yes, who and what is the relationship? \_\_\_\_\_

Are you legally eligible for employment in the United States? .....  YES  NO  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work: \_\_\_\_\_ Employment desired:  Full-Time  Part-Time  Temporary  Seasonal

If required by employer, will you undergo a pre-employment physical? .....  YES  NO

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ CDL  YES  NO

How did you learn of this position?  Jobline  Newspaper  Referral  Other \_\_\_\_\_

**The City of Alamogordo is an EQUAL OPPORTUNITY EMPLOYER**

NOTICE: BASED ON THE NEW MEXICO PUBLIC RECORDS ACT, ALL APPLICANT INFORMATION IS PUBLIC RECORD WITH THE EXCEPTION OF SPECIFIC INFORMATION EXCLUDED BY THE ACT.

For Office Use Only:  
 Card  Fin-int.frm  Testfail.frm Notified by:  Email  Letter Date Notified: \_\_\_\_\_

**EMPLOYMENT HISTORY \*\*All related experience and education required for this position must be included in the application to be considered. \*\***

List your last four (4) employers, assignments or volunteer activities that would be relevant to this position; starting with the most recent, including military experience. Explain any gaps in employment in the *COMMENTS* section. You may submit a resume, but a resume is not a substitute for this application.

Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

## EDUCATIONAL BACKGROUND

List last three schools attended, including high school, starting with most recent.	Number years completed.	Indicate degree or diploma earned, if any.	Grade Point Average or Class Rank	Major (if applicable)	Minor (if applicable)
1)					
2)					
3)					

**LANGUAGE:** List the language(s) you use and check the box that describes your skill level (English, Spanish, etc.).

	Read	Write	Speak
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City.

Typing WPM \_\_\_\_\_
  Word - Version \_\_\_\_\_
  Beginner
  Intermediate
  Advanced

Windows - Version \_\_\_\_\_
  Excel - Version \_\_\_\_\_
  Beginner
  Intermediate
  Advanced

10 Key -  Beginner  Intermediate  Advanced

Other, i.e. office equipment, machinery, tools, etc.:

**REFERENCES:** List three school or personal references not related to you.

Name	Telephone	Years Known
1)	(      )	
2)	(      )	
3)	(      )	

## ADDITIONAL INFORMATION

List professional trade, business, or civic associations and any offices held.

(Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status).

Organization	Offices held

List special accomplishments, publications, awards.

(Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status).

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

**COMMENTS:**

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

**PLEASE READ AND SIGN THE STATEMENTS BELOW**  
*(Unsigned applications will be rejected and not be considered):*

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Alamogordo and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

Note: It is hereby understood and agreed that if hired by the City of Alamogordo, I will be employed on a trial basis for a period of at least six (6) months.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DRUG SCREENING ACKNOWLEDGMENT AND AGREEMENT**

By my signature below, I \_\_\_\_\_, realize and understand that if considered for employment with the City of Alamogordo, I will be required to submit to a drug screening test in the form of a urinalysis or blood test, as a condition of hire. The City of Alamogordo will pay for this drug screening.

My signature below also serves to acknowledge and agree to the fact that if I receive a preliminary offer of employment with the City of Alamogordo, and accept it, one factor that must be met PRIOR to a final offer of employment being made is the successful completion of a drug screening test. Successful completion of a drug-screening test is defined as test results showing no trace of drugs. If successful completion of a drug-screening test is not obtained, I understand I will not be eligible for hire with the City of Alamogordo.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION FOR RELEASE OF  
CRIMINAL ARRESTS AND DRIVING RECORD**

I authorize the City of Alamogordo to obtain criminal arrests and driving record information about me from law enforcement agencies, courts of law, and motor vehicle departments, of any state in which I reside (or have resided).

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_