



# CITY OF BELEN

100 SOUTH MAIN  
BELEN, NEW MEXICO 87002  
www.belen-nm.gov

HR (505) 966-2743 HR FAX (505) 966-2743

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for a position). **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Position Applied For \_\_\_\_\_

Do you understand the requirements of the job?  Yes  No

Have you seen a job description for this position?  Yes  No

Can you perform the requirements of the job with or without reasonable accommodations?  Yes  No

Are you available to work (Check all that apply)

- Full Time       Part-Time       Seasonal       Summer Program
- Weekdays       Weekends       Evenings       Nights       Overtime

When are you available to work: Date \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

In case of emergency - notify: \_\_\_\_\_

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 City of Belen? If yes, give Yes \_\_\_\_\_ No \_\_\_\_\_

date separated or state "present employee". \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_

Does the City of Belen employ any relatives of yours? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Can you, prior to employment, submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Expiration \_\_\_\_\_

Do you have driving violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Type or print in dark ink. If you need more space for an answer use a sheet of paper the same size as this page. A resume is not accepted in place of an application but may be attached.

### SUBMIT A SEPARATE APPLICATION FOR EACH POSITION YOU APPLY FOR.

If you plan to apply for more than one position, we suggest you complete the application leaving DATE OF APPLICATION, POSITION APPLIED FOR, and SIGNATURE blank. Make a copy of the application and complete this information as appropriate for each position applied for. We must have an original signature and date on each application received.

Read the recruitment announcement carefully for the position to which you are applying. Note the skills and knowledge required for the position. Assure that you meet the minimum qualifications set forth on the announcement.

Your completed application is one of the primary sources of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

### THE SELECTION PROCESS

Upon the close of the application period, the Personnel Office will review all applications received to determine if each applicant meets the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees.

If you are selected for an interview, you will be contacted by the Personnel Office. After all interviews have taken place and an applicant has been offered and has accepted the position, applicants will be contacted by mail and informed that the position has been filled.

Incomplete applications will NOT be accepted.

THE CITY OF BELEN IS A DRUG AND ALCOHOL FREE WORKPLACE.

**APPLICANT DATA RECORD**

Solely to help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, please fill out the Application Data Record. This is not required, but we appreciate your cooperation.

The data will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment; **IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.**

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

Date \_\_\_\_\_

Referral Source:

\_\_\_\_\_ Advertisement

Which one: \_\_\_\_\_

\_\_\_\_\_ Friend or Relative

\_\_\_\_\_ Employment Agency

\_\_\_\_\_ Walk-In

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race/Ethnic Group: Check One:

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Other \_\_\_\_\_

**SPECIAL EMPLOYMENT NOTICE TO INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:**

If you have a mental or physical disability, you are invited to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential.

Describe the form of disability and the mean(s) in which the City of Belen could best accommodate your need(s).

If you wish to be identified as a handicapped individual, please sign.

Signature \_\_\_\_\_

**EDUCATION** (Attach copies of diploma, certificates, degrees etc.)

<input type="checkbox"/> Yes High School Graduate/GED Certificate?			
<input type="checkbox"/> No If no, indicate grade completed _____			
<input type="checkbox"/> Vocational/Technical		Hours Completed	
<input type="checkbox"/> School-Major Field:			
<input type="checkbox"/> Business College		Hours Completed	
<input type="checkbox"/> Major Field:			
College or University - Name:			
<b>UNDERGRADUATE</b>		<b>GRADUATE</b>	
School(s)		School(s)	
Major Field(s)		Major Field(s)	
Hours Completed Semester: Quarter		Hours Completed Semester: Quarter:	
Degree(s) Received:			
1. License/Certificate issued by			
Field/Trade/Specialization	Lic. / Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by			
Field/Trade/Specialization	Lic. / Cert. No.	Issue Date	Exp. Date.
3. List any foreign languages you can:			
	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____
4. Military Service Record:			
Were you in the Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch?			
Dates of Duty: From: To:			
List Duties in the Service including special training: _____			
_____			
_____			

State any additional information you feel may be helpful to us in considering your application.

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

The City of Belen is a designated drug-free workplace. Are you willing to submit to a full background , drug and alcohol screening.

Yes  No

If no, please explain. \_\_\_\_\_

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

## PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE

### EXPERIENCE

May inquiry be made of your current and past employers regarding your character, qualifications, and record of employment?

Yes  No If No, please indicate which employer(s) it applies to and why: \_\_\_\_\_

NOTE: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience.

Verification of Volunteer duty will be required.

<b>1.</b>	Employer's Name or Organization Volunteered With		Kind of Business			From (Mo./Yr.)	To ( Mo./Yr.)				
	Employer's Address	No. & Street/P.O. Box	City	State	Zip	Your Job Title					
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$						
If you supervised employees, please indicate number & give date			What did you like most about the job? _____								
			What did you like least about the job? _____								
DUTIES:											
REASONS FOR LEAVING:											
<table border="1" style="float: right;"> <tr> <td colspan="2">DO NOT WRITE IN THIS AREA</td> </tr> <tr> <td>YEARS</td> <td>MONTHS</td> </tr> </table>								DO NOT WRITE IN THIS AREA		YEARS	MONTHS
DO NOT WRITE IN THIS AREA											
YEARS	MONTHS										

<b>2.</b>	Employer's Name or Organization Volunteered With		Kind of Business			From (Mo./Yr.)	To ( Mo./Yr.)				
	Employer's Address	No. & Street/P.O. Box	City	State	Zip	Your Job Title					
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$						
If you supervised employees, please indicate number & give date			What did you like most about the job? _____								
			What did you like least about the job? _____								
DUTIES:											
REASONS FOR LEAVING:											
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DO NOT WRITE IN THIS AREA											
YEARS	MONTHS										

**EXPERIENCE (CONTINUED)**

<b>3.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$
				LAST Mo. Pay \$
If you supervised employees, please indicate number & give date		What did you like most about the job? _____		
		What did you like least about the job? _____		
DUTIES:				
REASONS FOR LEAVING:				DO NOT WRITE IN THIS AREA YEARS   MONTHS

**RELEASE AND AUTHORIZATION**

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

I AUTHORIZE THE CITY OF BELEN AND CONSUMER REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY AND MOTOR VEHICLE DRIVING RECORDS. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, AND LAW ENFORCEMENT AUTHORITIES AND THE CITY OF BELEN FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.

I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING MY EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.

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

THANK YOU FOR TAKING INTEREST IN THE CITY OF BELEN

**FOR PERSONNEL DEPARTMENT USE ONLY**

TEST ADMINISTERED	DATE	RAW SCORE	RATING	INTERPRETATION

HIRE DATE	DEPARTMENT	POSITION	RATE OF PAY

**CONTINUATION of EMPLOYMENT RECORD** - Please enter the number in box before "Employer's Name" for proper sequence

<b>4.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)			
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$	
If you supervised employees, please indicate number & give date			What did you like most about the job? _____				
			What did you like least about the job? _____				
DUTIES:							
REASONS FOR LEAVING:							
						<b>DO NOT WRITE IN THIS AREA</b> YEARS    MONTHS	

<b>5.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)			
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$	
If you supervised employees, please indicate number & give date			What did you like most about the job? _____				
			What did you like least about the job? _____				
DUTIES:							
REASONS FOR LEAVING:							
						<b>DO NOT WRITE IN THIS AREA</b> YEARS    MONTHS	

<b>6.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)			
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name		Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$	
If you supervised employees, please indicate number & give date			What did you like most about the job? _____				
			What did you like least about the job? _____				
DUTIES:							
REASONS FOR LEAVING:							
						<b>DO NOT WRITE IN THIS AREA</b> YEARS    MONTHS	

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

**CONTINUATION of EMPLOYMENT RECORD** - Please enter the number in box before "Employer's Name" for proper sequence

<b>7.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$
				LAST Mo. Pay \$
If you supervised employees, please indicate number & give date		What did you like most about the job? _____		
		What did you like least about the job? _____		
DUTIES:				
REASONS FOR LEAVING:				
				<b>DO NOT WRITE IN THIS AREA</b> YEARS   MONTHS

<b>8.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$
				LAST Mo. Pay \$
If you supervised employees, please indicate number & give date		What did you like most about the job? _____		
		What did you like least about the job? _____		
DUTIES:				
REASONS FOR LEAVING:				
				<b>DO NOT WRITE IN THIS AREA</b> YEARS   MONTHS

<b>9.</b>	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To ( Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Phone Number (    )	Check One <input type="checkbox"/> Full-Tim <input type="checkbox"/> Part-Time	Hours Per Week	START Mo. Pay \$
				LAST Mo. Pay \$
If you supervised employees, please indicate number & give date		What did you like most about the job? _____		
		What did you like least about the job? _____		
DUTIES:				
REASONS FOR LEAVING:				
				<b>DO NOT WRITE IN THIS AREA</b> YEARS   MONTHS