



CITY OF BELEN

100 S. Main St.
Belen, New Mexico 87002
HR: 505.966.2741
cobhr@belen-nm.gov

Employment Application

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Information

Incomplete information could disqualify you from further consideration. Please complete all fields.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Are you eligible to work in the US? YES NO.

Are you at least 18 years or older? YES NO (If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? YES NO

If yes, please provide company name and details

Can you work any shift? YES NO

Can you work overtime, including weekends? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

Employment Desired

Date you are available to start? _____ Hourly Rate/Salary desired? _____

Position Desired? _____

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO

Referral Source

How did you hear about us? Walk-In Advertisement Referral Other

If other, please explain _____

Previous Employment

*Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. **Incomplete information could disqualify you from further consideration.***

Employer _____ Job Title _____ Hourly Rate/Salary _____

Address _____

Reason for leaving _____ Telephone _____

Supervisor Name _____ Dates Employed _____

Work Performed _____

Previous Employment

Employer _____ Job Title _____ Hourly Rate/Salary _____

Address _____

Reason for leaving _____ Telephone _____

Supervisor Name _____ Dates Employed _____

Work Performed _____

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Employer _____ Job Title _____ Hourly Rate/Salary _____

Address _____

Reason for leaving _____ Telephone _____

Supervisor Name _____ Dates Employed _____

Work Performed _____

Previous Employment

Employer _____ Job Title _____ Hourly Rate/Salary _____

Address _____

Reason for leaving _____ Telephone _____

Supervisor Name _____ Dates Employed _____

Work
Performed _____

Education

Education	Name and Location Of school	No. of yrs. Attended	Degree Received	Subject/Major
High School				
College or University				
Trade, Business Or Correspondence School				

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for?
If yes, explain.

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Applicants Statement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorized all persons listed above (and on the accompanying resume, if any) to give the City of Belen any and all information concerning my previous employment and education and any pertinent information they may have,

personal or otherwise, and release all parties, such persons and the City of Belen, from liability for any damage that may result from furnishing said information to the City of Belen.

I understand and agree that I may be required to take a drug screening test. I hereby give my voluntary consent for a urine sample to be collected from me and submitted for testing. I also consent to the release of test results to the City of Belen for its use. I understand that any positive drug test result may preclude my employment.

Signature: _____ Date: _____