



CITY OF BELEN
 100 S. Main St.
 Belen, New Mexico 87002
 HR: 505.966.2742
 cobhr@belen-nm.gov

Employment Application General Police Fire

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: _____ Hourly Wage Desired? _____

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

Have you previously worked for the City of Belen ___ YES ___ NO

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

Do you know of any relatives that previously worked for the City of Belen? ___ YES ___ NO

If yes, who?

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

Date you are available to start? _____ Are you currently employed? ___ YES ___ NO
 If yes, may we contact your present employer? ___ YES ___ NO



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Referral Source

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

If other, please specify _____

Previous Employment

Include your last ten (10) 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 _____

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Reason for leaving _____ Telephone _____

Supervisor Name _____ Dates Employed _____

Work Performed _____



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Supervisor Name _____ Dates Employed _____

Work Performed _____

Education

Education	Name and Location Of school	No. of yrs. Attended	Degree Received	Subject/Major
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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.



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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: _____