

# TOWN OF MESILLA

## Employment Application

### **Applicant Instructions:**

Please read **APPLICANT NOTE** below.

1. Complete both sides of this page.
2. If more space is needed to complete any question, use comments section on the back of this page.
3. Print clearly; incomplete or illegible applications will not be processed.
4. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
5. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNITL INSTRUCTED.

### **APPLICANT INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date Available \_\_\_\_\_ Desired Salary \_\_\_\_\_

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

Have you ever worked for the Town of Mesilla? YES  NO  If so, when? \_\_\_\_\_

Can you, after employment, submit proof of your legal right to work in the United States? YES  NO

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on town policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the town.

### **EDUCATION:**

High School:

From Date: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

College:

From Date: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

Other:

From Date: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

Can you, after employment, submit proof of your education? YES  NO

### **REFERENCES:**

**Please list three professional references.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer/Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer/Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer/Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

<b>PREVIOUS EMPLOYMENT:</b>			
Name of Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From Date:	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From Date:	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From Date:	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>DISCLAIMER AND SIGNATURE:</b>	
<ul style="list-style-type: none"> <li>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 forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief.</li> <li>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.</li> <li>I authorize the town and/or its agents, including consumer reporting bureaus, to verify any of this information.</li> <li>I authorize former employers, 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 from any liability for any damage whatsoever for issuing this information.</li> <li>I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.</li> </ul>	
Signature	Date