

Town of Mesilla

Employment Application



Instructions:

Please read **APPLICANT NOTE** below.

1. Complete all sections of this application.
2. If more space is needed, use comments section at the end of this application.
3. Print clearly; incomplete or illegible applications will not be processed.
4. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is 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 UNTIL INSTRUCTED.

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

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

Have you ever worked for the Town of Mesilla? YES NO
☐ ☐ If yes, when? _____

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all 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 questionnaire 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. 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: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
☐ ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
☐ ☐ Degree: _____

Other: _____ Address: _____

From: _____ 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: _____
Company: _____ Phone: _____
Address: _____

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

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

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Comments

Disclaimer and Signature

- 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.
- 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 town and/or its agents, including consumer reporting bureaus, to verify any of this information.
- 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.
- *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.*

Signature: _____ Date: _____