

City of Deming
PO Box 706
Deming NM 88031

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

To be considered, applications must be complete upon submission. If a question does not apply, insert N/A.
(Note: Resumes do not take the place of or substitute for a fully completed application.)

Position you are applying for (one position per application): _____

Your Name (Last, First, Middle) _____

Other names you have used: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Telephone number where you can be reached: _____

Email (if available): _____

YES ___ NO ___ If you are under 18, and it is required, can you provide a work permit?

YES ___ NO ___ Are you legally eligible for employment in the United States? (Documentation will be required if hired.)

YES ___ NO ___ Need more information to respond. _____ Are you able to perform the essential functions of the job you are applying for (with or without reasonable accommodation)?

YES ___ NO ___ Are you a PERA (NM Public Employee Retirement Association) retiree?

YES ___ NO ___ Many positions require employees drive City Owned Vehicles. Do you have a valid NM drivers license and good driving record? If no, explain: _____

NM Driver's License Number _____

LIST Special endorsements? (CDL-A, CDL-B, etc): _____

YES ___ NO ___ Have you worked for the City of Deming in the past? If yes, show details in work history section.
Why did you leave? _____

YES ___ NO ___ Do you have relatives working for the City of Deming? If yes, list name, and relationship.

YES ___ NO ___ Are you currently employed? May we contact your current employer? _____ Yes _____ No

Are you willing to work:

YES ___ NO ___ 40 hours per week

YES ___ NO ___ more than 20 hrs per week

YES ___ NO ___ less than 20 hrs per week

YES ___ NO ___ Temporary positions

YES ___ NO ___ Weekends, shifts or rotating shifts

LANGUAGES:

Speak English? Fluent ___ Some ___ Little ___ None ___

Read/Write? YES ___ NO ___

Speak Spanish? Fluent ___ Some ___ Little ___ None ___

Read/Write? YES ___ NO ___

WORK EXPERIENCE: Read these instructions before you begin. Describe your current or most recent job you have held for the past 10 years. Be sure to include any duties performed that would relate to the position you are applying for. If you were unemployed for longer than 3 months within the past 10 years, list the dates and show "unemployed." Include Military service. You should complete all parts of the experience block. Describe each major change of duties and responsibilities. If you need more space to describe a job, attach additional sheets of paper indicating the job and time period you are addressing.

YES ___ NO ___ *May we contact past employers as part of a background check process?*

Name and address & phone of employer	Dates Employed (month/year)	Avg Hours per week	Number of employees you supervised
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	<u>Salary or earnings</u>		
	Beginning	Ending	

Immediate Supervisor: _____

Exact Title of Job: _____

Description of Work: Describe Specific duties, responsibilities and accomplishments in this job. Include job titles of any employees you supervised.

Why did you leave? _____

Name, address & phone number of employer	Dates Employed (month/year)	Avg. Hours per week	Number of employees you supervised
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	<u>Salary or earnings</u>		
	Beginning	Ending	

Immediate Supervisor: _____

Exact Title of Job: _____

Description of Work: Describe Specific duties, responsibilities and accomplishments in this job. Include job titles of any employees you supervised.

Why did you leave? _____

WORK EXPERIENCE Read these instructions before you begin. Describe your current or most recent job you have held for the past 10 years. Be sure to include any duties performed that would relate to the position you are applying for. If you were unemployed for longer than 3 months within the past 10 years, list the dates and show "unemployed." Include Military service. You should complete *all parts* of the experience block. Describe each major change of duties and responsibilities. If you need more space to describe a job, attach additional sheets of paper indicating the job and time period you are addressing.

YES ___ NO ___ *May we contact past employers and supervisors as part of a background check process?*

Name and address & phone of employer	Dates Employed (Mo/Yr to Mo/Yr)	Avg Hours per week	Number of employees you supervised
	to		
	Salary or earnings		
	Beginning	Ending	
	Immediate Supervisor:		
	Supervisor Contact Number: _____		
	Exact Title of Job:		

Description of Work: Describe Specific duties, responsibilities and accomplishments in this job. Include job titles of any employees you supervised.

Why did you leave? _____

Name and address & phone of employer	Dates Employed (Mo/Yr to Mo/Yr)	Avg Hours per week	Number of employees you supervised
	to		
	Salary or earnings		
	Beginning	Ending	
	Immediate Supervisor:		
	Supervisor Contact Number: _____		
	Exact Title of Job:		

Description of Work: Describe Specific duties, responsibilities and accomplishments in this job. Include job titles of any employees you supervised.

Why did you leave? _____

APPLICANT STATEMENTS:

(Read and Initial each statement below.)

_____ I certify that all information I have provided in order to apply for an secure work with this employer is true, complete and correct.

_____ I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, my resume or job interviews.

_____ I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking , gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations furnishing such information about me.

_____ I give permission to run a criminal and financial check.

_____ I understand that this employer does not discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

_____ I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply.

_____ If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at anytime, with or without cause and with or without prior notice, except as may be required by law.

_____ This application does not constitute an agreement or contract for employment for any specified period or definite duration.

_____ I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employers City Manager.

_____ I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 in this regard.

_____ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service when it is discovered.

YES _____ NO ____ If offered or given employment, do you consent to a physical examination at any time, with may include drug and alcohol testing?

*******DO NOT SIGN UNTIL YOU HAVE READ, ANSWERED, AND/OR INITIALED THE ABOVE APPLICANT STATEMENTS. *******

I certify that I have read, fully understand, and accept all terms of the forgoing information.

Signature of Applicant _____ Date: _____

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

This section of the application will be separated from the employment application, when it is received by the Personnel Office. The information provided will have no bearing upon your consideration for employment. The information is ONLY used to assist us in complying with Federal Equal Employment Opportunity record keeping and reporting requirements.

The City of Deming does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or any other legally protected class in employment or the provision of services.

FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT OR RE-EMPLOYMENT.

Date: _____ Position Applied For _____ Position # _____

Name: _____ SSN _____

Sex: Male Female Veteran of Vietnam-era: Yes No

VETERAN of the VIETNAM-ERA means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

White Black Hispanic American Indian or Alaskan Native Asian or Pacific Islander

WHITE: person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person having origins in any of the Black racial groups of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

AMERICAN INDIAN or ALASKAN NATIVE: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN or PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.