

# Application For Employment



## Town of Taos

400 Camino de la Placita  
Taos, New Mexico 87571

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status or any other protected class, or the presence of a medical condition or disability (unless there exists a required bona fide occupational qualification for a position).

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Type or print in dark ink. If you need more space for an answer, use a sheet of paper the same size as this page.

**Submit a separate application for each position for which you apply.** If you plan to apply for more than one position, we suggest you complete the application, leaving "**Date of Application**," "**Vacancy Announcement # or Job Title**" and "**Signature**" blank. Make a copy of the application and complete this information as appropriate for each position for which you apply. We must have an original signature and date on each application received.

Read the recruitment announcement carefully for the position to which you are applying. Note the skills and knowledge required for the position. Assure that you meet the minimum qualifications set forth on the announcement.

Your completed application is one of the primary sources of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience.

Vacancy Announcement # or Job Title: \_\_\_\_\_

Are you available to work (Check all that apply)  Full Time  Part Time  Temporary

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Physical Address \_\_\_\_\_  
City State Zip Code

Mailing Address \_\_\_\_\_  
City State Zip Code

Email Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Other \_\_\_\_\_

Have you ever used a different name for school or employment?  Yes  No  
If yes, what name(s)? \_\_\_\_\_

Have you ever been employed by the Town of Taos?  Yes  No  
If yes, give date separated or state "Present Employee" \_\_\_\_\_

Does the Town of Taos employ any of your relatives?  Yes  No  
Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

### Proof of authorization to work in the United States for citizens and non-citizens is required for employment.

Can you submit verification of your legal right to work in the U.S.?  Yes  No

# Education

High School Graduate / GED Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate grade completed. _____			
<input type="checkbox"/> Vocational / Technical: _____		Hours Completed: _____	
<input type="checkbox"/> School - Major Field: _____			
<input type="checkbox"/> Business College: _____		Hours Completed: _____	
<input type="checkbox"/> Major Field: _____			
<input type="checkbox"/> College or University Name: _____			
<b>Undergraduate</b>		<b>Graduate</b>	
School(s):		School(s):	
Major Field(s)		Major Field(s)	
Hours Completed:		Hours Completed:	
Degree(s) Received: _____ (Copies of diploma and/or transcripts may be requested upon offer of employment)			
1. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:
2. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:

State any additional information you feel may be helpful to us in considering your application.

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**The Town of Taos is a designated drug-free and violence-free workplace. Are you willing to submit to a full background check, drug screening and alcohol screening?**  Yes  No

**If no, please explain:** \_\_\_\_\_

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## Professional References (Not Relatives)

Name	Address	Phone

## Experience

May inquiry be made of your current and past employers regarding your character, qualifications and record of employment?

Yes     No    If no, please indicate to which employers it applies and why:

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Note: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience. Verification of volunteer duty will be required.

<b>1</b>	Employer's Name or Organization Volunteered With		Type of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address		City	State	Zip	Your Job Title
Supervisor's Name		Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	START Mo. Pay    LAST Mo. Pay
If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.			
Duties:						
Reason for Leaving:						<b>Do Not Write In This Area</b>
						Years    Months

<b>2</b>	Employer's Name or Organization Volunteered With		Type of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address		City	State	Zip	Your Job Title
Supervisor's Name		Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	START Mo. Pay    LAST Mo. Pay
If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.			
Duties:						
Reason for Leaving:						<b>Do Not Write In This Area</b>
						Years    Months

<b>3</b>	Employer's Name or Organization Volunteered With		Type of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address City State Zip			Your Job Title		
Supervisor's Name		Phone Number	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	START Mo. Pay    LAST Mo. Pay
If you supervised employees, please indicate number and give dates.			Location of employment (City & State) if different from employer's address.			
Duties:						
Reason for Leaving:						Do Not Write In This Area
						Years    Months

Additional Experience. Note: For additional experience blocks, please use continuation sheet.

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**I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I give the Town of Taos the right to investigate all references and to secure additional information about me and my prior work history as indicated herein. I hereby release from liability the Town of Taos, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection pursuant to law.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THANK YOU FOR TAKING INTEREST IN THE TOWN OF TAOS**

## VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. **It will be detached and kept separate and confidential.** It will not be used in any way to make employment decisions.

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Gender:

Male       Female

Is your age 40 or over?

Yes       No

Are you a person with a disability?

Yes       No

Will you require accommodations for testing and/or employment?

Yes       No

Ethnic Category:

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

Indicate specific source from which you learned about the position:

- Newspaper (specify): \_\_\_\_\_
- Job Fair (specify): \_\_\_\_\_
- Organization (specify): \_\_\_\_\_
- Employee Referral (specify): \_\_\_\_\_
- Website (specify): \_\_\_\_\_
- Town of Taos Human Resources Department
- New Mexico Department of Labor
- Other (specify): \_\_\_\_\_