



APPLICATION

For Employment with the City of Aztec

Applicants must complete NM Workforce skills assessment prior to closing date.
 Contact NM Workforce, 600 W. Arrington, Farmington NM 505-327-6126 for more information.

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation and gender identity, ancestry, physical or mental handicap, serious health condition, spousal affiliation or any other legally protected status.
 City of Aztec is an Equal Opportunity Employer.*

PLEASE PRINT

Position Applied: _____ **Date of Application:** _____

How did you learn about us?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> City Website |
| <input type="checkbox"/> Employee Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Facebook / Twitter |
| <input type="checkbox"/> LinkedIn / Professional Publication | <input type="checkbox"/> Other _____ | |

Last Name	First Name	Middle Name	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Telephone Number (s)	E-Mail		

Best time to contact you? _____ AM To _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Have you ever filed an application with us before?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Date: _____
Have you ever been employed with us before?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Date: _____
Do you have relatives employed by the City of Aztec?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Name: _____
Do you possess a valid Driver's License?	NO	YES	
State _____	Class _____	License # _____	

Are you currently employed?

NO

YES

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

NO

YES

(Proof of citizenship or immigration status will be required upon employment)

Date available for work:

Are you available to work:

Full-time

Part-time

Temporary

EDUCATION				
School	Name & Address of School	Course of Study Completed	# Years Attended	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

Why do you want to work for the City of Aztec?

Empty response area for the question "Why do you want to work for the City of Aztec?".

PROFESSIONAL REFERENCES

Name	Phone Number	Best time to call	Employer/Occupation
1.			
2.			
3.			

(Do not include family members)

WORK EXPERIENCE

Please complete even if Resume is attached. Start with your present or most current employment.

Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
	Starting Pay	Final Pay	
Supervisor			
Reason for Leaving	May we contact? No Yes Phone #:		

Employer	Dates Employed		Work Performed
Address	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
	Starting Pay	Final Pay	
Supervisor			
Reason for Leaving	May we contact? No Yes Phone #:		

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Supervisor			
Reason for Leaving	May we contact? No Yes Phone #:		

Please attach additional pages if necessary for Work Experience.

Describe Any Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

List Professional, Trade, Business or Civic Activities and Offices Held
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION/OTHER QUALIFICATIONS
 Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check skills/Equipment Operated)

<input type="checkbox"/>	Switchboard	<input type="checkbox"/>	CDL License Type/State:	Machinery (list)	Other (list)
<input type="checkbox"/>	PC computer	<input type="checkbox"/>	Certified Law Enforcement		
<input type="checkbox"/>	Keyboard-Typing WPM:	<input type="checkbox"/>	Equipment Operator (list equipment operated)		
<input type="checkbox"/>	Spreadsheet				
<input type="checkbox"/>	Word Processing				

State any additional information you feel may be helpful to us in considering your application.
 List all computer programs you are familiar with.

SUBSTANCE ABUSE POLICY STATEMENT

The City of Aztec recognizes alcohol and drug abuse as potential health, safety, and security problems. We expect all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

SCREENING CONSENT FORM

I fully understand that, should I be offered employment by the City of Aztec, a pre-employment urine drug screen will be required. The urine specimen collected may be analyzed for the following substances or classes of substance:

- Amphetamines (methamphetamine and amphetamine)
- Barbiturates (Phenobarbital, secobarbital, etc.)
- Opiates (heroin, morphine, codeine, etc.)
- Benzodiazepines (Librium, Valium, and oxazepam)
- Cannabinoids (marijuana and hashish)
- Propoxyphene (Darvon)
- Phencyclidine (PCP, anabolic steroids)

I understand that my refusal to submit to and cooperate fully in this drug screen shall constitute good and sufficient cause for withdrawal of this application from further consideration.

I agree to the disclosure of the results of such tests to the hiring agency by the testing facility. I understand that a positive test result will be a factor in the employment decision and may result in my rejection for consideration for employment with the hiring agency.

I agree to release the City of Aztec and the drug testing facility from any liability. The City of Aztec agrees that the test results will not be provided to law enforcement authorities without the applicant's written consent.

I also understand that, should I be offered employment by the City of Aztec, the City will require that I pass a physical examination, scheduled and paid for by the City.

Applicant's Signature: _____ Date: _____

APPLICANT REFERENCE CHECK AUTHORIZATION

I understand that my work history may be verified. I authorize the City of Aztec agent to contact the references that I have listed in the work history in order to verify the information I have provided. I agree to release former employers, the City of Aztec, or any others from any liability that might arise from the disclosure of information.

Applicant's Signature: _____ Date: _____

FALSIFICATION OF APPLICATION

I understand that by signing below I certify that all information stated on the application is true. I further understand that falsifying records is a serious offense and may result in termination if I am hired by the City of Aztec.

Applicant's Signature: _____ Date: _____

FOR HUMAN RESOURCES ONLY

Record of Receipt

Date: _____ Time: _____ By: _____