Town of Edgewood

171 A State Road 344
P.O. Box 3610
Edgewood, NM 87015

Employment Application

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position applied for. Your application will not be considered until it is complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Edgewood is an Equal Opportunity Employer and is committed to excellence through diversity. The Town of Edgewood does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, physical or mental disability, medical condition, or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.
This application will be given every consideration, but its receipt by the Town of Edgewood does not imply that the applicant will be employed.

Applicant Information

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

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Other: _____

Cell: _____ Email: _____

Social Security #: _____

Do you possess a valid Driver's License? YES ☐ NO ☐

State: _____ Class: _____ License #: _____

Are you over the age of 18? YES ☐ NO ☐ If no, please provide your date of birth: _____

Date Available: _____ Desired Salary $_____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Does the Town of Edgewood employ any relative of yours? YES ☐ NO ☐

If so, Who? _____

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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: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Licenses, Special Certificates, or Skills

Please indicate any foreign languages you can speak, read, and/or write.

Speak: _____ Read: _____ Write: _____

Typing Speed: _____ Shorthand Speed: _____ Do you operate a 10-key adding machine: YES ☐ NO ☐

Sight: _____ Touch: _____

Office Machines: _____

Software Programs: _____

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Heavy Equipment or Other Machinery: _____

CPR: _____ First Aid: _____ EMT-B: _____ Other: _____

Please Indicate any other information you would like us to consider.

_____

_____

_____

_____

Previous Employment

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and locations. If needed, use a "Supplemental History" Sheet, after filling this page for longer employment history.

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 ☐

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 ☐

Military Service

Branch: _____ From: _____ To: _____

Military Occupational Specialty: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Please read and initial each point

- *In the event of my employment with the Town of Edgewood, I will comply with all rules and regulations set forth in the Town's Policy manual or other communications distributed to employees. I understand that such employment may be conditional upon such record checks, references, and tests as are appropriate to the specific job for which I am applying. This shall include a drug screen by a physician selected by the Town of Edgewood to which I hereby consent.* _____
- *I authorize the Town of Edgewood to contact any individuals or organizations the Town deems suitable to make inquiry regarding my personal character, work habits, work performance, credit or my knowledge, ability and skill to perform the duties of the position for which I have applied.* _____
- *I hereby hold harmless and release the Town of Edgewood, and any persons or organizations contacted by the Town of Edgewood, from all liability of any kind, regarding their assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied.* _____
- *I understand that acceptance of an offer of employment does not create a contractual obligation upon the Town of Edgewood to continue to employ me in the future.* _____
- *If this application leads to employment, I understand that false, misleading, or omitted information in my application or interview may result in disciplinary action up to and including possible termination of employment.* _____

Signature: _____ Date: _____