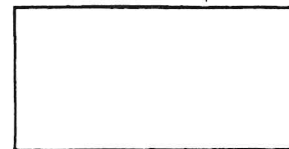


# TOWN OF SILVER CITY

## Application For Employment



P.O. Box 1188  
101 West Broadway  
Silver City, New Mexico 88062  
(575) 538-3731

The Town of Silver City is firmly committed to the policy of providing Equal Employment Opportunity to all its employees and applicants for employment regardless of race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_

Rate of Pay Expected \_\_\_\_\_

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

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

Permanent Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Are you 18 years of age or older or age requirement for position? ☐ yes ☐ no  
(Hire is subject to verification that age meets legal requirements.)

Have you been employed by the Town of Silver City before? ☐ yes ☐ no

If yes, give dates and reason for leaving. \_\_\_\_\_

Are you related to anyone now employed by the Town of Silver City? ☐ yes ☐ no

If yes, give name of relative, relationship, department and position. \_\_\_\_\_

Are you legally eligible for employment in the United States? ☐ yes ☐ no

On what date would you be available for work? \_\_\_\_\_

Are you a veteran of the U.S. Military service? ☐ yes ☐ no

**REQUIRED DOCUMENTS, DRIVER'S LICENSE, HIGH SCHOOL  
DIPLOMA, GED, CERTIFICATIONS, ETC. MUST BE ATTACHED**

Are you able to perform the essential functions of the job with or without reasonable accommodation?

☐ yes ☐ no

Do you have a valid drivers license?

☐ yes ☐ no

Indicate what foreign languages you speak, read and/or write.

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex or national origin):

---

---

Give names, address and telephone number of three recent job-related references.

---

---

---

#### EDUCATION

	Elementary	High	College / Univ.	Graduate / Profes.
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe course of study				
Describe specialized training, apprenticeship, skills and extra-curricular activities				

Honors received: \_\_\_\_\_

---

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer</b>	<b>Date Employed</b> From                      To		<b>Work Performed</b>
<b>Address</b>			
<b>Job Title</b>	<b>Hourly Rate/Salary</b> Starting                      Final		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

<b>Employer</b>	<b>Date Employed</b> From                      To		<b>Work Performed</b>
<b>Address</b>			
<b>Job Title</b>	<b>Hourly Rate/Salary</b> Starting                      Final		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

<b>Employer</b>	<b>Date Employed</b> From                      To		<b>Work Performed</b>
<b>Address</b>			
<b>Job Title</b>	<b>Hourly Rate/Salary</b> Starting                      Final		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

<b>Employer</b>	<b>Date Employed</b> From                      To		<b>Work Performed</b>
<b>Address</b>			
<b>Job Title</b>	<b>Hourly Rate/Salary</b> Starting                      Final		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

### **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience that apply to the position you are applying for.

---

---

---

Please note additional job-related references:

---

---

---

---

---

### **AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment or interviews as may be necessary in arriving at an employment decision.

I agree that my employment may be terminated by the Town of Silver City at any time without liability for wages or salary except such as may have been earned at the date of such termination.

I understand that if I am employed, such employment is for an indefinite period of time and that the Town of Silver City can change wages, benefits and conditions at any time.

I further understand that this is an application for employment and that no contract is being offered.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town.

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

\_\_\_\_\_  
Date

**This application shall remain valid and on file for a period of six months. To revalidate, applicant should contact the receptionist/customer service representative to update the application.**

**NOTE:** Supplementary documents may be submitted up to five (5) days after position vacancy deadline if applicant has submitted a completed application and/or resume by published deadline.