



P.O. Box 1188 • Silver City, New Mexico 88062 • Phone (575) 538-3731 • Fax (575) 534-6377

# TOWN OF SILVER CITY | APPLICATION FOR EMPLOYMENT

**P.O. Box 1188**  
**101 W. Broadway**  
**Silver City, NM 88062**  
**Phone: (575) 538-3731**  
**Website: townofsilvercity.org**

*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: \_\_\_\_\_

Rate of Pay Expected: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Number Street City State Zip*

Physical Address: \_\_\_\_\_  
*Number Street City State Zip*

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 Years of Age or Older? 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, please give dates and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Are you related to anyone currently employed by the Town of Silver City? YES  NO

If yes, please give dates and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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

**ATTACH COPIES OF REQUIRED DOCUMENTS**  
Driver's License, High School Diploma, GED Certificate, Transcripts and/or any other certifications

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

YES  NO

Do you have a valid driver's license?

YES  NO

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

	Fluently	Good	Fair
Speak			
Read			
Write			

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

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

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Please provide contact information for three (3) recent job-related references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed <i>(Select)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Specialized training, apprenticeship, skills, and extra-curricular activities				

Honors Received: \_\_\_\_\_

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## 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.*

		<i>Dates of Employment</i>		<i>Summary of Work Performed</i>
<i>Employer Name</i>		<i>From</i>	<i>To</i>	
<i>Employer Address</i>				
<i>Job Title</i>		<i>Hourly Rate / Salary</i>		
<i>Supervisor Name</i>		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

		<i>Dates of Employment</i>		<i>Summary of Work Performed</i>
<i>Employer Name</i>		<i>From</i>	<i>To</i>	
<i>Employer Address</i>				
<i>Job Title</i>		<i>Hourly Rate / Salary</i>		
<i>Supervisor Name</i>		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

		<i>Dates of Employment</i>		<i>Summary of Work Performed</i>
<i>Employer Name</i>		<i>From</i>	<i>To</i>	
<i>Employer Address</i>				
<i>Job Title</i>		<i>Hourly Rate / Salary</i>		
<i>Supervisor Name</i>		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

		<i>Dates of Employment</i>		<i>Summary of Work Performed</i>
<i>Employer Name</i>		<i>From</i>	<i>To</i>	
<i>Employer Address</i>				
<i>Job Title</i>		<i>Hourly Rate / Salary</i>		
<i>Supervisor Name</i>		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

**Special Skills & Qualifications:**

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

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**Please list contact information for additional references:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided herein is true, correct 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 termination. I understand that that if I am employed, such employment is for an indefinite period and that the Town of Silver City can change wages, benefits, and conditions at any time. I further understand that that this is an application for employment and that no contract is being offered. In the event of employment, I understand that for false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations by the Town.

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

\_\_\_\_\_  
Date

**Please Note:** This application shall remain valid and on file for six (6) months. To retaliate, application should contact the Personnel Office to update the application. Supplementary documents may be submitted up to five (5) days after the vacancy deadline if the applicant has completed and submitted the application by the published deadline.