

CITY OF TUCUMCARI

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner, which reflects favorably upon the organization, and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME <small>(As it appears on Social Security Card/Work Permit Card)</small>	<div style="display: flex; justify-content: space-between;"> Last First M.I. </div>					
SOCIAL SECURITY NUMBER						
ADDRESS						
CITY, STATE, ZIP						
HOME TELEPHONE	MESSAGE CONTACT: <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"><small>NAME</small></td> <td style="border: none; text-align: center;"><small>AREA CODE</small></td> <td style="border: none; text-align: center;"><small>NUMBER</small></td> </tr> </table>			<small>NAME</small>	<small>AREA CODE</small>	<small>NUMBER</small>
<small>NAME</small>	<small>AREA CODE</small>	<small>NUMBER</small>				
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER NAMES YOU HAVE USED:		DO ANY OF YOUR RELATIVES WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO RELATIVES NAME: _____				
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	\$ _____			
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	_____			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION: <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? _____ DEPARTMENT: _____						
SUPERVISOR: _____		REASON FOR LEAVING: _____				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, give location, date, charge and disposition of case(s) on a separate page	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L. #: _____ D.L. STATE: _____	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: _____ To: _____ Branch of Service _____
 Dates Served _____ Type of Discharge _____

EDUCATION/SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY OR JUNIOR COLLEGE				1 2			
				1 2			
BUSINESS OR TRADE SCHOOL				1 2			
COLLEGE OR UNIVERSITY				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency with the Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES/CERTIFICATIONS/ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES AND CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status				

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.



Tucumcari Police Department

Chief Roger Hatcher

RELEASE OF INFORMATION

To Whom It May Concern:

Having made application with the City of Tucumcari Police Department, it is my understanding that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Tucumcari Police Department the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by the Tucumcari Police Department pertaining to my work history , any arrest information and other general qualifications for fitness.

Applicant Name:

_____ (Please Print)

Signature of Applicant:

_____ Date: _____

State of New Mexico }
County of Quay }

On this _____ day of _____, 200____, before me

personally appeared _____ known to me to be the
(Applicant)

person whose name is subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public _____ My commission expires: _____

(SEAL)