

APPLICATION FOR EMPLOYMENT

TOWN OF RED RIVER

100 E. Main Street
P.O. Box 1020
Red River, New Mexico 87558
(575) 754-2277

POSITION APPLYING FOR:

COMPLETE PAGES 1 THROUGH 5 AND A

IMPORTANT INSTRUCTIONS: Please type or print in ink. Any area of application not applicable to you enter "N/A" - Do Not Leave Blank! If applying for more than one job, separate application forms must be submitted for each job desired.

THE TOWN OF RED RIVER IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, ANCENSTRY, RELIGION, NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION/GENDER IDENTITY, DISABILITY OR VETERAN STATUS.

NAME MUST MATCH THE NAME ON YOUR SOCIAL SECURITY CARD.

NAME _____ LAST FIRST M.I.
ADDRESS _____ STREET NO. STREET NAME OR BOX NUMBER
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ BEST CONTACT PHONE _____
E-MAIL ADDRESS (if applicable) _____
DRIVER'S LICENSE #, STATE, CLASS _____

DOES A FAMILY MEMBER WORK FOR THE TOWN OF RED RIVER?
YES [] NO [] NAME _____ RELATIONSHIP _____

HAVE YOU EVER WORKED FOR THE TOWN OF RED RIVER? YES [] NO []
HAVE YOU EVER WORKED FOR THE TOWN AS A CONTRACT TEMPORARY? YES [] NO []

IF YES, WHEN _____ WHAT DEPARTMENT? _____

WHO WAS YOUR SUPERVISOR? _____

EDUCATION

CURRENTLY ENROLLED IN HIGH SCHOOL? YES [] NO []

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE? YES [] NO []
IF NO, WHAT WAS THE HIGHEST GRADE COMPLETED? _____

DO YOU HAVE A COLLEGE OR UNIVERSITY DEGREE? YES [] NO []
IF SO, COMPLETE THE FOLLOWING:

Table with 3 columns: NAME OF COLLEGE/UNIVERSITY, DEGREE RECEIVED, ACADEMIC FIELD

MILITARY SERVICE RECORD

Have you served in the U.S. Military Service?

YES [] NO []

If yes, list skills acquired, including special training: _____

EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

Employer	From Month/Year	To Month/Year	<u>Job Title</u>
Street Address			<u>Work Performed</u>
City	State	Phone Number	Supervisor
Reason for Leaving: _____			

Employer	From Month/Year	To Month/Year	<u>Job Title</u>
Street Address			<u>Work Performed</u>
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Employer	From Month/Year	To Month/Year	<u>Job Title</u>
Street Address			<u>Work Performed</u>
City	State	Phone Number	Supervisor
Reason for Leaving: _____			

OTHER SCHOOLS OR TRAINING: (Example: Trade, Vocational, Armed Forces or Business. Give the name and location of school(s), dates attended, subjects studies, certificates received, etc.)

LICENSES/CERTIFICATES: (Trade, Professional, Police Officer, Public Safety Dispatcher, EMT, etc.)

OTHER EXPERIENCE, SKILLS AND ABILITIES: (INCLUDE ONLY EXPERIENCE, SKILLS AND ABILITIES YOU POSSESS WHICH WOULD APPLY TO THE JOB DESIRED-Office/Clerical applicants include: Software Knowledge, Office Machines, Computer Experience, etc.)

REFERENCES: LIST BELOW THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE (3) BUSINESS/PERSONAL REFERENCES, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

NAME	TITLE	ADDRESS/PHONE/EMAIL	COMPANY NAME

ADDITIONAL COMMENTS (Optional):

PLEASE READ AND SIGN THE STATEMENTS BELOW

(Unsigned applications will be rejected and will not be considered)

PRE-EMPLOYMENT STATEMENTS AND ACKNOWLEDGEMENT

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interview(s), can be justification for refusal of employment, or if employed, termination from the Town of Red River.

2. Any offer of employment is contingent upon my successful completion of the pre-employment screening process, and satisfactory completion of any post offer pre-employment examinations that may be required. I hereby give consent to the results of any required examinations or screening to be released to the Town.

3. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the Town of Red River and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

4. As a condition of employment, I may be required to undergo and successfully pass a screening for drugs/alcohol and a medical examination relating to the position's function and I hereby consent to having the results of any screenings and/or examinations released to the Town of Red River.

5. I hereby authorize the Town of Red River to investigate my employment history, including any inquiry concerning information on my criminal, credit, education and driving history if appropriate. I understand the Town will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the Town will furnish the name and address of such agency upon written request.

6. If selected for employment, I understand that I will be required by Federal law to produce acceptable legal documentation to show proof of employment eligibility within three (3) days of my effective date of employment. Inability to provide appropriate documentation as required by Federal law will result in immediate termination.

7. The Town of Red River will endeavor to keep information confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the Town of Red River.

8. If selected for employment, I agree to comply with the policies, rules regulations and procedures of the Town of Red River.

9. It is hereby understood and agreed that if hired by the Town of Red River, I will be employed on a probationary basis for a period of twelve (12) working months.

Applicant Signature _____ Date ____/____/____