

Village of Milan

P. O. Box 2727 • 623 Uranium Street • Milan, New Mexico 87021

Application for Employment

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

**INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED OR CONSIDERED FOR EMPLOYMENT.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

If you have further information or certificates you may attach copies of them to the back of this application.

(PLEASE TYPE OF PRINT)

NAME _____
Last First Middle

ADDRESS _____
Street P.O. Box City State Zip

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

POSITION(S) APPLIED FOR _____ DATE _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES _____ NO _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES _____ NO _____

IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES _____ NO _____

IF YES, GIVE DATE _____

ARE YOU RELATED TO ANY EMPLOYEE WORKING FOR THE VILLAGE OF MILAN? YES _____ NO _____
IF YES, WHOM? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

Proof of citizenship or immigration status will be required upon employment.

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? YES _____ NO _____

ARE YOU AVAILABLE TO WORK: FULL TIME _____ PART TIME _____ SHIFT WORK _____ TEMPORARY _____

ARE YOU CURRENTLY ON "LAY-OFF" Status AND SUBJECT TO RECALL? YES _____ NO _____

CAN YOU TRAVEL IF REQUIRED? YES _____ NO _____

DO YOU HAVE A VALID DRIVERS LICENCE? YES _____ NO _____ TYPE _____ STATE _____ LIC. # _____

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH A CRIME, OR CONVICTED OF A CRIME? YES _____ NO _____

Conviction will not necessarily disqualify an applicant from employment.

IF YES PLEASE EXPLAIN: _____

Employment Experience

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS THAT INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER (S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE				
REASON FOR LEAVING	SUPERVISOR			

MAY WE CONTACT THE EMPLOYER? YES NO IF NO, WHY?

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER (S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

MAY WE CONTACT THE EMPLOYER? YES NO IF NO, WHY?

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER (S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

MAY WE CONTACT THE EMPLOYER? YES NO IF NO, WHY?

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER (S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

MAY WE CONTACT THE EMPLOYER? YES NO IF NO, WHY?

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

YOU MAY EXCLUDE MEMBERSHIP THAT WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE ANCESTRY, DISABILITIES OR OTHER PROTECTED STATUS.

Education

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY

Additional Information

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS CHECK SKILLS/EQUIPMENT OPERATED

_____	COMPUTER	_____	FAX	PRODUCTION/MOBILE MACHINERY (LIST):	OTHER (LIST):
_____	PRINTERS	_____	MICROSOFT WORD	_____	_____
_____	SCANNERS	_____	MICROSOFT EXCEL	_____	_____
_____	E-MAIL	_____	WEB BROWSER	_____	_____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF PERFORMING IN A MANNER THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED?
 A DESCRIPTION OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION IS ATTACHED. YES _____ NO _____

REFERENCES

1.		
	(NAME)	PHONE #
	(ADDRESS)	
2.		
	(NAME)	PHONE #
	(ADDRESS)	
3.		
	(NAME)	PHONE #
	(ADDRESS)	

