

# 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? \_\_\_\_\_

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. # \_\_\_\_\_

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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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.

# Additional Information

## OTHER QUALIFICATIONS

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


## SPECIALIZED SKILLS      CHECK SKILLS/EQUIPMENT OPERATED

	SPECIALIZED SKILLS	CHECK	SKILLS/EQUIPMENT OPERATED	PRODUCTION/MOBILE MACHINERY (LIST):	OTHER (LIST):
_____	COMPUTER	_____	FAX	_____	_____
_____	PC	_____	LOTUS 1-2-3	_____	_____
_____	CALCULATOR	_____	PBX SYSTEM	_____	_____
_____	TYPEWRITER	_____	WORD PROCESSOR	_____	_____

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)	

# 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


