

# APPLICATION FOR CITY EMPLOYMENT

## City of Gallup

P.O. Box 1270, Gallup, NM 87305  
(505) 863-1215/1218 • FAX (505) 726-2053

### PERSONAL INFORMATION

Please Print

Name \_\_\_\_\_  
LAST FIRST M.I.

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
P.O. BOX NO. RR NO. STREET NUMBER AND NAME APT. NO.

CITY COUNTY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

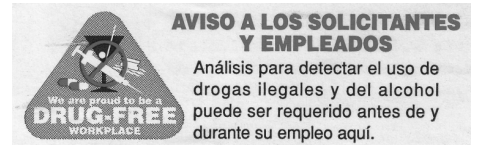
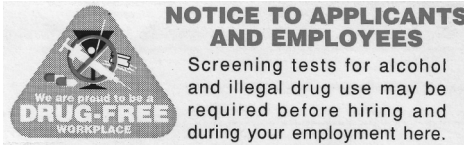
Contact Person: \_\_\_\_\_

*The City of Gallup is required by Federal Law to hire only individuals authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicants identity and employment authorization and it will be necessary for you to submit documents to verify your identity and employment authorization.*

Can you submit verification of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

List State \_\_\_\_\_ Number \_\_\_\_\_ Classification \_\_\_\_\_



### JOB INFORMATION

Position applied for: \_\_\_\_\_

Have you previously been employed by the City of Gallup? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what position: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
\_\_\_\_\_ Weekends \_\_\_\_\_ Holidays

## RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDM	G9 @7 H'LAST YEAR	DID YOU GRADUATE?	LIST DIPLOMA or DEGREE
JR HIGH			6 7 8 9		
HIGH SCHOOL			10 11 12		
COLLEGE			13 14 15 16		
OTHER Please Specify					

## MILITARY SERVICE RECORD

Have you served in the U.S. Military Service?     Yes     No

If yes, list skills acquired, including specialized training \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

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

Employer Name:	FROM MONTH/YR	TO MONTH/YR	WORK PERFORMED
Address:			
City/State/Zip:			
Job/Title	HOURLY RATE/SALARY Starting                      Final		
Supervisor			
Reason for Leaving			
Employer Name	FROM MONTH/YR	TO MONTH/YR	WORK PERFORMED
Address:			
City/State/Zip:			
Job/Title	HOURLY RATE/SALARY Starting                      Final		
Supervisor			
Reason for Leaving			

Employer Name:	FROM MONTH/YR	TO MONTH/YR	WORK PERFORMED
Address: City/State/Zip:			
Job/Title	HOURLY RATE/SALARY Starting                      Final		
Supervisor			
Reason for Leaving			
Employer Name	FROM MONTH/YR	TO MONTH/YR	WORK PERFORMED
Address: City/State/Zip:			
Job/Title	HOURLY RATE/SALARY Starting                      Final		
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper. In the space below indicate any previous or current employer you do not wish us to contact.

---



---

Summarize special skills and qualifications acquired relative to the position for which you are applying stating where and when obtained. *(Please be specific)*.

---



---



---



---



---



---



---



---



---



---

Are any of your relatives employees of the City of Gallup?  Yes  No

If yes, please list:

NAME	POSITION	DEPARTMENT
------	----------	------------

NAME	POSITION	DEPARTMENT
------	----------	------------

City ordinances forbids any employee from supervising or receiving supervision from a relative by blood or marriage to the third degree of kindred either directly or in a department chain of command.

## PERSONAL REFERENCES

(Not Former Employers or Relatives)

NAME	ADDRESS	PHONE NUMBER

### ATTENTION: Read Carefully Before Signing

I hereby understand and agree that this is a public record under the New Mexico Inspection of Public Records Act except for any medical records or matters of opinion such as letters of reference. I understand the City will not actively solicit news coverage of items contained herein but cannot withhold information under the law if requests are made.

I hereby give this employer the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify this employer against any liability which might result from making such investigation. I understand that any false answer, false statement or false implication made by me shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this employer unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time with proper notice and that my employer retains a similar right subject to the provisions of the Personnel Rules.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the City of Gallup. I hereby consent to having the results of any such alcohol or drug screening. I may be required to undergo, to be disclosed to the City of Gallup.

In consideration of my employment, I agree to comply with the policies and procedures of the City of Gallup and understand that my employment may be terminated with or without cause.

I certify that the information contained in this application is correct and complete to the best of my knowledge.

\_\_\_\_\_   
DATE

\_\_\_\_\_   
SIGNATURE

### **DO NOT WRITE BELOW THIS LINE**

SUMMARY OF INTERVIEW: \_\_\_\_\_

\_\_\_\_\_

Accepted for employment:     Yes     No                      Position: \_\_\_\_\_

Starting Rate \$ \_\_\_\_\_ per                      Hour                      Week                      Scheduled to start work: \_\_\_/\_\_\_/\_\_\_.

Interviewed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_.

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_.

# EMPLOYMENT DATA RECORD

---

Employees are treated fairly during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability or any legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this data record is to comply with governmental recordkeeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not part of your application for employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

---

## VOLUNTARY SURVEY

(Please Print)

Date: \_\_\_\_\_

Government agencies at time require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name _____
Address _____
City _____ State _____ Zip _____
Social Security No. _____ Date of Birth _____

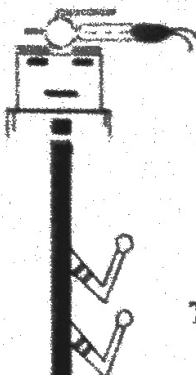
**\*\*PLEASE NOTE:** Although this is voluntary information, such information as date of birth and social security number is sometimes needed for background check if considered for employment.

Position applied for: _____
-----------------------------

Gender:    ___ Male            ___ Female
---

Ethnic Origin:
___ White            ___ Hispanic            ___ Native Amer/Alaskan Native
___ Black American    ___ Asian/Pacific Islander    ___ Other

Please check if applicable:
<input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled



## AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

Having made application for employment with the *City of Gallup*, it is my understanding that a comprehensive investigation of my background may be conducted as a result of this application.

I \_\_\_\_\_, do hereby authorize any official or authorized representative of the *City of Gallup* bearing this release, or copy thereof, to have access to any file/s or to obtain any information pertaining to my employment, military, credit or educational history including, but not limited to, academic achievement, attendance, athletics, personal history, disciplinary records, and medical records. I hereby direct the release of such information upon the request of the bearer of the authorization.

I hereby release the custodian of such records, any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer, reporting agency, previous employers or retail business establishment including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time effect me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I have voluntarily furnished my Social Security Number, understanding that I am in no way compelled to do so by Federal Statute or State Regulation. The Social Security number is made available only for facilitating the availability of information concerning me with regard to my application for employment with the *City of Gallup*.

This **AUTHORITY TO RELEASE INFORMATION** is executed with full knowledge and understanding that the information to be obtained is for the official use of the *City of Gallup*, and consent is granted to the *City of Gallup* to furnish any information to third parties in the course of fulfilling its official responsibilities.

Date: \_\_\_\_\_

Full Name (Signature) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_



Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

