

CITY OF ANTHONY, NEW MEXICO 820 Highway 478

Anthony, NM 88021 Office: (575) 882-2983 Fax: (575) 882-2978

Application for Employment

The City of Anthony is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Incomplete applications will not be considered.

Position Applying For:	Name (Last,	First, M	iddle):			Other names under which you have attended school or been employed:
Street Address:			Emai	il:		
City, State & Zip:		Home I	Phone:		Work Phone:	Other Phone:
Are you eligible to States?			☐Yes ☐]No		
Are you at least 18 older?	years of age o	r	Yes [] No	If NO, what is y	our current age?
Are you currently e	employed?		Yes	No	If YES, what is ye	our current job title & department?
Have you ever been City of Anthony?	n employed by	the	Yes]No	If YES, dates of e	employment & reason for leaving:
Are you related to a employees with the	•	ony?	Yes] No	If YES, their nam	e & their relationship to you?
If required for positivalid driver's licent		ave a	Yes] No		
How did you learn	about this emp	oloyment	opportunity	? Che	eck all that apply:	
Ad in newspape Job Bulletin (Po Website Dept. of Labor Ad in magazine Referral by emp Other:	osting) /Walk-i	in				

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		Yes No	9			
GED:		Yes No				
College:		Yes No				
Other credentials/ licenses.	/ professional aff	l iliations, etc., whic	l ch are relevant to	the job(s) for w	hich you are	applying.
KILLS: Please list techni ystems and software packa ntermediate, expert)						
ORK EXPERIENCE-Pled multiple positions with the mission of prior employmed elude full-time military or see Resume." PLEASE Nearence information.	the same organizant may be considuously volunteer commit	ation, detail each p ered falsification o tments. PLEASE	osition separatel of information. P DO NOT comp	y. Attach additi lease explain an lete this informa	onal sheets if y gaps in emp tion with the	necessar loyment. notation
Dates Employed (most rec	·ent			Title:		
position) From: To	Full	time Part-t				
rioni. 10	If part-	time, # hrs./wk.:				
Starting Salary:	Organi	zation Name and A	Address:			
Final Salary:						
Supervisor's Name, Title and Phone #: Ot		Reference Name, T #:	Title and	Contact my current references: At any time Only if I am a finalist candidate		
Primary duties:				Reason for Leav	ina.	
				reason for Boar	ing.	
position)	ent Full	time Part-t		Title:	/IIIg.	
position) From: To	☐Full If part-	time Part-t time, # hrs./wk.: zation Name and A	ime		/IIIg.	
position) From: To Starting Salary:	☐Full If part-	time, # hrs./wk.:	ime		Ting.	
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Primary duties:	Phone #:	Only if I am a finalist candidate
		Reason for Leaving:
PLEASE READ CAREFULLY		
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failure to fully complete the form, or remployment, or termination after empliability, all statements contained in the without liability, to make full response to submit to a physical exam, criminal conditional offer of employment. I unemployment, if tendered, does NOT confidered of the City of Anthony serve at-will arreason, other than a reason prohibited. If employed, I will be required to furn State loyalty oath, and to comply with I would be paid for hours worked only benefits-eligible basis, I understand the System or to an optional retirement prediscontinuation at any time without prediscontinuation at any time without prediscontinuation.	pplication and its supporting documents is ac misrepresentation or omission of facts, represoloyment if discovered at a later date. I authoris application and supporting materials. I authoris application and supporting materials. I authorise to any inquiries in connection with this application and credit background investigation, and/or inderstand that this document is NOT an offer constitute a contract for continued guaranteed and the employment relationship may be termal by law. This proof of eligibility to work in the United in company and departmental regulations. I urely, and would be ineligible for benefits including the proof of the properties of the proof of the p	ccurate and complete. I understand and agree the sents grounds for elimination from consideration orize the City of Anthony to investigate, without thorize references and former employers, olication for employment. If requested, I agree as screening for illegal substances upon a rof employment, and that an offer of I employment. I understand that staff employees an at any time by either party, for any or no States, to file a State security questionnaire and anderstand that if employed on a temporary basis,
Applicant Signature:	Ε	Date: