

EDUCATION

<input type="checkbox"/> Yes High School Graduate / GED Certification? If yes, list name of school:			
<input type="checkbox"/> No If no, indicate grade completed _____			
<input type="checkbox"/> Vocational / Technical School:	Hours Completed: _____		
<input type="checkbox"/> Major/ Field Studied:			
<input type="checkbox"/> Business College:	Hours Completed: _____		
<input type="checkbox"/> Major/ Field Studied:			
<input type="checkbox"/> College or University			
UNDERGRADUATE	GRADUATE		
School(s)	School(s)		
Major Field(s)	Major Field(s)		
Hours Completed:	Hours Completed:		
Degree(s) Received: Can you supply these records if requested? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:
2. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:

****Must be able to provide copies of highest obtained diploma, degrees, transcripts and/or licenses and certificates prior to being scheduled for an interview.**

Do you currently have a valid Driver's License? YES NO If yes, State of Issue: _____

State any additional information you feel may be helpful to us in considering your application.

The Town of Taos is a designated zero tolerance drug-free and violence free workplace. Are you willing to submit to a full background check, drug screening and alcohol screening?

YES NO

If no, please explain: _____

PROFESSIONAL REFERENCES (Please provide at least three (3) who are not relatives or personal references)

Name:	Phone Number:	Company:

EXPERIENCE

May inquiry be made of your current and past employers regarding your character, qualifications and record of employment?

Yes No If no, please indicate to which employers it applies to and why:

Note: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience. Verification of Volunteer duty will be required.

1	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title		Supervisor's Name	Phone Number	Check One Hours Per Week
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	START Mo. Pay	LAST Mo. Pay
		\$	\$	
If you supervised employees, please indicate number and give dates.		Location of employment (City & State) if different from employer's address		
No.	From (Mo./Yr.)	To (Mo./Yr.)		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years Months

2	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State Zip
Your Job Title		Supervisor's Name	Phone Number	Check One Hours Per Week
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	START Mo. Pay	LAST Mo. Pay
		\$	\$	
If you supervised employees, please indicate number and give dates.		Location of employment (City & State) if different from employer's address		
No.	From (Mo./Yr.)	To (Mo./Yr.)		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years Months

3	Employer's Name or Organization Volunteered With	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address	No. & Street/P.O. Box	City	State	Zip
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)		Location of employment (City & State) if different from employer's address		
Duties:				
Reason For Leaving:				Do Not Write In This Area
				Years Months

Note: For additional experience blocks, please use continuation sheet.

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I give the Town of Taos the right to investigate all references and to secure additional information about me and my prior work history as indicated herein. I hereby release from liability the Town of Taos, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection pursuant to law.

Signature of Applicant

Date

THANK YOU FOR TAKING INTEREST IN THE TOWN OF TAOS

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Applicants for employment by, and incumbent employees of, public agencies may be solicited to voluntarily declare their ethnic identification, provided this information shall be for research and statistical purposes only.

Please complete this section. **It will be detached and kept separate and confidential.** It will not be used in any way to make employment decisions.

Position: _____

Date: _____

Gender:

Male Female

Is your age 40 or over?

Yes No

Are you a person with a disability?

Yes No

Will you require accommodations for testing and/or employment?

Yes No

Ethnic Category:

White Black Hispanic

Asian or Pacific Islander American Indian or Alaskan Native

Indicate specific source from which you learned about the position:

Newspaper (specify): _____

Job Fair (specify): _____

Organization (specify): _____

Employee Referral (specify): _____

Website (specify): _____

Town of Taos Human Resources Department

New Mexico Department of Labor

Other (specify): _____