

Village of Los Ranchos de Albuquerque Employment Application

The Village of Los Ranchos is an equal employment opportunity employer which considers applicants for all positions without regard to race, age, religion, color, national origin, ancestry, sex, sexual orientation, gender identity, disability or serious medical condition, or any other status protected by law.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address:		How did you hear about this position?	
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a New Mexico Driver's License or the ability to obtain one (if position requires driving):		
If Yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have you filled out an application with the Village of Los Ranchos before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a Commercial Driver's License (CDL)?		
If Yes, please provide the date(s) below:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to a Village of Los Ranchos Employee or Elected Official? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or have you previously worked for the Village of Los Ranchos?		
If Yes, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, please explain below:		

POSITION

Position or Type of Employment Desired:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired:	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available:

EDUCATION AND TRAINING

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If not, list the highest grade completed:			General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
College, Graduate School, Vocational, or other Specialized Training						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration:		Number:	Where Issued:		Expiration Date:	
Occupational License, Certificate or Registration:		Number:	Where Issued:		Expiration Date:	
Occupational License, Certificate or Registration:		Number:	Where Issued:		Expiration Date:	
Languages Read, Written or Spoken Fluently Other Than English:						

VETERAN INFORMATION (Most recent)

Branch of Service:	Date of Entry:	Date of Discharge:
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate) Maximum 300 characters

WORK EXPERIENCE (Most Recent First - may include voluntary work and military experience)

Employer:	Telephone Number:	From (Month/Year)
Address:		
Job Title:	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving:
Employer:	Telephone Number:	From (Month/Year)
Address:		
Job Title:	Number Employees Supervised:	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving:
Employer:	Telephone Number:	From (Month/Year)
Address:		
Job Title :	Number Employees Supervised :	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week

		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone Number:	From (Month/Year)
Address:		
Job Title :	Number Employees Supervised:	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving :		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References:

Provide the name, email address, and telephone number of three professional references that **are not** related to you:

Name	Email	Contact Number

APPLICATION FORM DISCLAIMER

Neither the completion of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Village of Los Ranchos, or otherwise change in any respect the employment relationship between it and the undersigned. That relationship cannot be altered except by the Personnel Policy as approved by the Governing Body of the Village of Los Ranchos.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for my application being rejected or, if I become employed, dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give the Village of Los Ranchos permission to contact schools, previous employers, references and others and hereby release the Village of Los Ranchos from any liability as a result of such contact.

I further understand that my employment with the Village of Los Ranchos shall be probationary for a period of six (6) months, and further understand that at any time during the probationary period, my employment relation with the Village of Los Ranchos is terminable at will for any reason by either party.

If I become an employee of the Village of Los Ranchos and leave my employment without having returned all Village-owned property, I agree that the value of any property not returned by me may be deducted from my final paycheck.

I certify the information contained in this application is true, correct, and complete.

Signature of Applicant _____ Date _____

*Thank you for completing this application form
and for your interest in the
Village of Los Ranchos.*