

# **APPLICATION**

## For Employment with the City of Aztec

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation and gender identity, ancestry, physical or mental handicap, serious health condition, spousal affiliation or any other legally protected status.

City of Aztec is an Equal Opportunity Employer.

## **PLEASE PRINT**

Position Applied:		Date of Application:			
How did you learn about us?					
Advertisement	Friend			city Website	
Employee Agency	Relative		F	acebook / Tv	vitter
LinkedIn / Professional Publication	Other				
Last Name	First Name			Middle N	ame
Physical Address City		State		Zip Code	3
Mailing Address City		State		Zip Code	
Telephone Number (s)		E-Mail			
Best time to contact you?			AM	To	PM
If you are under 18 years of age, can required proof of your eligibility to wo		NO		YES	
Have you ever filed an application with	th us before?	NO	Date:	YES	
Have you ever been employed with u	s before?	NO	Date:	YES	
Do you have relatives employed by the	ne City of Aztec?	NO	Name:	YES	
Do you possess a valid Driver's Licer	nse?	NO		YES	
	lass		cense#		

1 2014-04

Are you currently emp	loyed?	NO	YES	
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  (Proof of citizenship or immigration status will be required upon employment)				
Date available for wor	k:			
Are you available to w	rork: Full-ti	me Part-time	Э	Temporary
EDUCATION				
School	Name & Address of School	Course of Study Completed	# Years Attended	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				

Other (specify)

2 2014-04

Why do you want to work for the City of Aztec?		

PROFESSIONAL REFERENCES			
Name	Phone Number	Best time to call	Employer/Occupation
1.			
2.			
3.			

(Do not include family members)

## **WORK EXPERIENCE**

Please complete even if Resume is attached. Start with your present or most current employment. 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.

Employer	Dates Employed		Work Performed
Address	From	То	
Starting/Present Job Title	Hourly Rate/Salary		
	Starting Pay	Final Pay	
Supervisor	Ctaning : ay		
'	1		
Reason for Leaving			<u> </u>
3	May we contact?	No Yes	Phone #:
Employer	Dates E	mployed	Work Performed
Address	From	То	
Starting/Present Job Title	Hourly Da	oto/Solony	
Ctarting/1 resent sob Title		ate/Salary	
Supervisor	Starting Pay	Final Pay	
Supervisor	-		
Reason for Leaving			
Reason for Leaving	May we contact?	No Yes	Phone #:
Employer	Dates E	mploved	Work Performed
Employer Address	Dates E	<b>mployed</b> To	Work Performed
			Work Performed
			Work Performed
Address	From	То	Work Performed
	From Hourly Ra	To ate/Salary	Work Performed
Address  Starting/Present Job Title	From	То	Work Performed
Address	From Hourly Ra	To ate/Salary	Work Performed
Address  Starting/Present Job Title  Supervisor	From Hourly Ra	To ate/Salary	Work Performed
Address  Starting/Present Job Title	From  Hourly Ra  Starting Pay	To  ate/Salary  Final Pay	
Address  Starting/Present Job Title  Supervisor  Reason for Leaving	From  Hourly Ra  Starting Pay  May we contact?	To  ate/Salary  Final Pay  No Yes	Phone #:
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Please attach additional pages if necessary for Work Experience.

Describe Any Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			
	, Business or Civic Activit ip which would reveal gender,		, age, ancestry, disability or
ADDITIONAL INFORMATION/OTHER QUALIFICATIONS Summarize special job-related skills and qualifications acquired from employment or other experience.			
SPECIALIZED SKILLS (C	Check skills/Equipment Operat	ed)	T
Switchboard	CDL License Type/State:	Machinery (list)	Other (list)
PC computer	Certified Law Enforcement		
Keyboard-Typing WPM:	Equipment Operato	DF .	
Spreadsheet			
Word Processing			
State any additional informat List all computer programs y	ion you feel may be helpful to ou are familiar with.	us in considering your applic	ation.

5 2014-04

#### SUBSTANCE ABUSE POLICY STATEMENT

The City of Aztec recognizes alcohol and drug abuse as potential health, safety, and security problems. We expect all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

### **SCREENING CONSENT FORM**

I fully understand that, should I be offered employment by the City of Aztec, a pre-employment urine drug screen will be required. The urine specimen collected may be analyzed for the following substances or classes of substance:

Amphetamines (methamphetamine and amphetamine)
Barbiturates (Phenobarbital, secobarbital, etc.)
Opiates (heroin, morphine, codeine, etc.)
Benzodiazepines (Librium, Valium, and oxazepam)

Cannabinoids (marijuana and hashish)

Propoxyphene (Darvon)

Time:

Date:

Phencyclidine (PCP, anabolic steroids)

I understand that my refusal to submit to and cooperate fully in this drug screen shall constitute good and sufficient cause for withdrawal of this application from further consideration.

I agree to the disclosure of the results of such tests to the hiring agency by the testing facility. I understand that a positive test result will be a factor in the employment decision and may result in my rejection for consideration for employment with the hiring agency.

I agree to release the City of Aztec and the drug testing facility from any liability. The City of Aztec agrees that the test results will not be provided to law enforcement authorities without the applicant's written consent.

I also understand that, should I be offered employment by the City of Aztec, the City will require that I pass a physical examination, scheduled and paid for by the City.

Applicant's Signature:	Date:
APPLICANT REFERE	ENCE CHECK AUTHORIZATION
that I have listed in the work history in order to ver	. I authorize the City of Aztec agent to contact the references rify the information I have provided. I agree to release former ny liability that might arise from the disclosure of information.  Date:
FALSIFICAT	TION OF APPLICATION
	t all information stated on the application is true. I furtherense and may result in termination if I am hired by the City of
Applicant's Signature:	Date:
FOR HUMA	N RESOURCES ONLY
Re	cord of Receipt

By:

6

2014-04