City of Rio Communities 360 Rio Communities Blvd Rio Communities, NM 87002 (505) 861-6803



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.

PERSONAL I Full Name:				Date:		
	Last	First	M.I.			
Address:						
	Street Addr	ess			Apartment/Unit #	
	City		State		ZIP Code	
Phone:			Email:			
Position Sou	ght:			_ Full Time _	Part Time	
Date Availab	ole:	Salar	y Desired			
		in the United States nentation to verify eligib		No (If offered 6	employment, you wi	
Are you at le	east 18 year	or older? Yes	No (if no, you n	nay be required	to provide	

Incomplete information could disqualify you from further consideration. Please complete all fields.

EMPLOYMENT INFORMATION: include your employment history, including periods of unemployment, starting with the most recent and working backwards in time.

	Job Title
Address:	
Hourly rate/Salary:	<u></u>
May we contact employer? Yes No Supervisor Name	Dates of Employment: From: To: Telephone Number
Reason for leaving	
Work Performed:	
	Job Title
Address: Hourly rate/Salary:	
May we contact employer? Yes No	
Supervisor Name	Telephone Number
Reason for leaving	
Work Performed:	
Employer: Job Hourly rate/Salary:	Title
May we contact employer? Yes No	
Supervisor Name	Telephone Number

. ,	Job Title
Address:	
Hourly rate/Salary:	
May we contact employer? Yes No	o Dates of Employment: From: To:
Supervisor Name	Telephone Number
Reason for leaving	
Work Performed:	
	Job Title
Address: Hourly rate/Salary:	
May we contact employer? Yes No	o Dates of Employment: From: To:
Supervisor Name	Telephone Number
Reason for leaving	
Work Performed:	
If you wish to describe additional work exp position on a separate piece of paper.	periences, attach the above information for each
Explain any gaps in work history:	
Have you been discharged or asked to resig	gn by an employer? Yes No

School (s)	Diploma: Yes No G.E.D: Yes No City/State City/State
College, University, and/or Vocational	School(s)
# of years attended	
	Degree(s) received:
	City/State
	City/State
	City/State
Other Training or Degree(s):	City/State
	City/State
Office: Typing wpm Microsoft Other Software Skills Have you ever been employed in any fa If so, please state facility name and loca	acility of the City of Rio Communities? YesNo
Other Software Skills Have you ever been employed in any fa	acility of the City of Rio Communities? YesNeation and dates of employment:
Other Software Skills Have you ever been employed in any falls If so, please state facility name and local PROFESSIONAL LICENSE(s) OR MEMBE Type of License(s):	acility of the City of Rio Communities? YesNotestime at ion and dates of employment:
Other Software Skills Have you ever been employed in any falls If so, please state facility name and local PROFESSIONAL LICENSE(s) OR MEMBE Type of License(s): State of (State Name) License Number:	acility of the City of Rio Communities? YesNotestime ation and dates of employment: ERSHIP(s):
Other Software Skills Have you ever been employed in any falls If so, please state facility name and local PROFESSIONAL LICENSE(s) OR MEMBE Type of License(s): State of (State Name) License Number: License expiration date:	acility of the City of Rio Communities? YesNeation and dates of employment: ERSHIP(s):
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Other Software Skills Have you ever been employed in any factorial forms and local state facility name and local state facility name and local state of License(s): State of (State Name) License Number: License expiration date: Type of License(s): State of (State Name) License Number:	acility of the City of Rio Communities? YesNeation and dates of employment: ERSHIP(s):

State of (State Name) License Number:License expiration date:				
Other Professional Membership(s): _				
(you need not disclose membership in professional organizations that my reveal information regarding race, colo creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)				
REFERENCES: Please list three profes	sional and three personal references			
	Relationship:			
Emaile	Phone:			
^ dd				
Full Name:	Relationship:			
Company:	Phone:			
Email: Address:				
Full Name:	Relationship:			
Company:	Phone:			
Addrass				
Full Name:	Relationship:			
Company:	Phone:			
Email: Address:				
Full Name:	Relationship:			
Company:	Phono:			
Email:Address:				
Audiess.				
Full Name:				
Company:Email:	Phone:			
Address:				

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the City of Rio Communities to verify their accuracy and to obtain reference information on my work performance. I hereby release the City of Rio Communities from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

Signature of Applicant:	
Date:	