Andres Martinez
Mayor

Eldie R. Cruz
Mayor Pro-Tem

F. Luis Lopez
Claudia M. Martinez
Corey E. Muniz
Councilors

Timothy Cruz
Fire Chief

600 Catron Avenue
PO Box 87
Wagon Mound, New Mexico 87752
Phone: 575 666-2408
Fax: 575 666-9071
www.wagonmound.org

Amber L. Anguiano
Clerk Treasurer/MVD Manager

Colleen M. Engelhardt
Deputy Clerk

Gary E. Sanchez
Utilities Superintendent

Elias S. Armijo
Utilities Assistant

Jena C. Schutz
Administrative Assistant

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY**: $_____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THE VILLAGE OF WAGON MOUND? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY **ENDING PAY:** $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYMENT (CONTINUED)

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY **ENDING PAY:** $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY **ENDING PAY:** $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

PROFESSIONAL REFERENCES (CONTINUED)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK AND DRUG SCREENING CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A DRUG SCREENING? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____