



VILLAGE OF TAOS SKI VALLEY
7 Firehouse Road - P.O. Box 100
Taos Ski Valley, NM 87525
(575) 776-8220 (575) 775-1145 Fax

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for position).

Position Applied For _____

Are you available to work (check all that apply) Full-Time Part-Time

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (Middle) _____

Mailing Address _____

Physical Address _____

(City) _____ (State) _____ (Zip
 Code) _____

Telephone (____) _____ Other (____) _____

Are you a United States Citizen? Yes No

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). Yes No

Do you possess a valid drivers license? Yes No

State _____ Class _____ License# _____
 Expiration _____

Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, explain and provide details

 (A conviction record will not necessarily be a bar to employment).

EDUCATION

High School Graduate/GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate grade completed:	
<input type="checkbox"/> Vocational/Technical Hrs. Completed: _____ <input type="checkbox"/> School-Major Field:	
<input type="checkbox"/> Business College Hrs. Completed: _____ <input type="checkbox"/> Major Field :	
<input type="checkbox"/> College or University - Name:	
UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Hours Completed Semester: Quarter:	Hours Completed Semester: Quarter:

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Degree(s) Received:
(copies of diploma and/or transcripts may be requested upon offer of employment)

1. License/Certificate issued by

Field/Trade/Specialization	Lic/Cert.No	Issue Date	Issue Date

2. License/Certificate issued by

Field/Trade/Specialization	Lic/Cert.No	Issue Date	Issue Date

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

EMPLOYMENT RECORD

Please enter number in box before "Employer 's Name" for proper sequence. List most recent first.

	Employer's Name	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 ()	<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$		LAST Mo. Pay \$		
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)		PLACE of employment (City & State) if different from employer's address		
DUTIES:				

REASONS FOR LEAVING:

	Employer's Name	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 ()	<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$		LAST Mo. Pay \$		
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)		PLACE of employment (City & State) if different from employer's address		
DUTIES:				

REASONS FOR LEAVING:

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	Employer's Name	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 ()	<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____

START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)	PLACE of employment (City & State) if different from employer's address
DUTIES:	
REASONS FOR LEAVING:	

	Employer's Name	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 ()	<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____
START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)	PLACE of employment (City & State) if different from employer's address
DUTIES:	
REASONS FOR LEAVING:	

PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE

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 which employer(s) it applies to and why:

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that making a false statement or omission in this application may be sufficient cause for rejection or this application or dismissal after employment. I give the Village of Taos Ski Valley the right to investigate all references and to secure additional information about me, and my prior work history. I hereby release, from liability the Village of Taos Ski Valley, 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.

Signature of Applicant

Date

THANK YOU FOR TAKING INTEREST IN THE VILLAGE OF TAOS SKI VALLEY