



**City of Bayard**  
800 Central Avenue  
PO Box 728  
Bayard, New Mexico 88023

## **JOB APPLICATION**

City Of Bayard is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### **Applicant Information**

*Applicant Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State and Zip* \_\_\_\_\_

*Code:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

### **Employment Position**

*Position(s) applying for:* \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you \_\_\_\_\_

are hired?

\_\_\_\_\_

Do you have reliable transportation to and from work?

\_\_\_\_\_

\_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for City of Bayard before?  
If yes, when?

Yes No

\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for City of Bayard?

Yes No

If yes, state name & relationship:

\_\_\_\_\_

Are you 18 years of age or older?

Yes No

Are you a U.S. citizen or approved to work in the United States?

Yes No

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

Will you consent to a mandatory controlled substance test?

Yes No

Are you currently employed?

Yes No

What is the name of your current employer:

\_\_\_\_\_

May we contact your current employer?

Yes No

Can you travel if a job requires it?

Yes No

Indicate any foreign languages you can speak, read and/or write

Fluent Good Fair

	Fluent	Good	Fair

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: City of Bayard complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services?

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What branch of the military did you enlist?

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What was your military rank when discharged?

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How many years did you serve in the military?

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What military skills do you possess that would be an asset for this position?

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**Previous Employment**

**Employer Name:**

Job Title:

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Supervisor Name:

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Employer Address:

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City, State and Zip Code:

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Employer Telephone:

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Dates Employed:

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Reason for leaving:

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**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**References**

Please provide 3 personal and professional reference(s) below:

<b>Reference (Non-relative)</b>	<b>Contact Information</b>

**AT-WILL EMPLOYMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The relationship between you and the City of Bayard is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the City of Bayard. No representative of City of Bayard has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either the Mayor or Clerk Treasurer

**CONSENT TO BACKGROUND, CHARACTER AND CREDIT INVESTIGATION**

I have applied for employment with the City of Bayard.

I consent and authorize the City of Bayard to have background, character, and/or credit investigation (as appropriate for the job I am applying for) conducted of me by a credit reporting agency, private investigation agency, police agency or other person who is suitable to and chosen by the City of Bayard.

I understand that as part of the background, character, and credit investigation, the credit reporting agency, private investigation agency, police agency, or other person suitable to and chosen by the City of Bayard may check among my other records, my credit, military, tax, and police records, and information sought may concern character, general reputation, personal characteristics, and mode of living.

I understand that the City of Bayard may deny me employment based on the results of the background, character, and credit investigation as its sole discretion.

I understand that the refusal to sign this authorization and submit to the investigation will result in me not being considered for employment.

I understand that I must release my date of birth, current driver's license and social security number for such use. (A copy of your driver's license and social security card must be attached).

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**AUTHORIZATION FOR PRIOR OR CURRENT EMPLOYER TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize my prior employer(s) and current employer listed within my employment application and/or resume, to release any and all information relating to my employment with them to the CITY OF BAYARD.

I further release and hold harmless both my prior and current employer(s) and CITY OF BAYARD from any and all liability that may potentially result from the release and/or use of such information.

I understand that any information release by my prior and current employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Applicant Name Printed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**The following documents must be returned with the application:**

**Current New Mexico Driver's License**

**High School Diploma/GED**

**Social Security Card**