

POLICE DEPARTMENT BOSQUE FARMS, NEW MEXICO

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

MAIL COMPLETED APPLICATION TO: BFPD * 1455 W. Bosque Loop * Bosque Farms, NM 87068 * (505) 869-2358 * FAX (505) 869-2936

PRINT IN DARK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". **Do not leave questions blank.** Be sure to sign when completed. The Village of Bosque Farms is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, ancestry, religion, age or disability in employment. You may make copies of this application and enter different position titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of fully completed applications.**

LEGAL NAME _____ Social Security No. _____
 (Last) (First) (Middle)
 MAILING ADDRESS _____
 (Street) (City) (State) (Zip)
 Phone (_____) _____ Or (_____) _____ Email _____

Are you known to schools or references by another name? **Yes** **No** If YES, by what name(s)? _____

LIST (ONLY ONE) EXACT TITLE OF POSITION AND DEPARTMENT FOR WHICH YOU WISH TO APPLY	JOB POSTING NO.
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	Date available for work _____ Expected Salary _____

Driver's License State _____ Number _____ Expiration Date? _____ Class A Class B Class C Class D
 Class E Class M

HAVE YOU EVER BEEN CONVICTED BY FEDERAL, STATE OR MUNICIPAL COURT FOR VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW REGULATION OR ORDINANCE (INCLUDING TRAFFIC)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, explain in detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, BUT A FALSE STATEMENT WILL.
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Are you at least 21 years of age? **Yes** **No**

Have you **ever** been suspended or dismissed from a job? **Yes** **No** If YES, explain in concise detail on a separate sheet of paper.

EDUCATION Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
 (NOTE: Applicants are required to provide proof of education: i.e., diploma, degree, transcripts, licenses, certifications, registrations.)

Type of School	Name and Locations of School	Dates Attended				Semester Hours Completed	Graduated		Expected/or Graduation Date	Type of Diploma or Degree	Major and/or Minor Field of Study
		From Mo.	From Yr.	To Mo.	To Yr.		Yes	No			
High School											
Colleges or Universities											
Graduate Schools											
Technical, etc.											
LICENSE / CERTIFICATION (Law Enforcement, Attorney, C.P.A., etc.)		Date Issued		Issued by (State or Other Authority)			License No.	Location of Issuing Authority (City & State)			

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

NOTE: PLEASE LIST YOUR JOB HISTORY FOR THE PAST TEN (10) YEARS beginning with your **CURRENT OR MOST RECENT** position. Include any periods in which you were not employed and explain what you were doing at that time. Use additional sheets if necessary and provide detailed information. Include US Military experience (show rank/rate at discharge), summer/part-time jobs and cooperative education assignments. If you need assistance, please ask. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may request an employment history supplemental page or attach a typed employment history providing the same information in the same format as this application form.

1. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date Mo Day Yr	Leaving Date Mo Day Yr	Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor/Managerial <input type="checkbox"/> If Supervisory, number of employees you supervised		Give Average Number of Hours worked per week if part-time		
Summary of experience and duties performed: _____ _____									
Explain specific reason for leaving: _____									
2. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date Mo Day Yr	Leaving Date Mo Day Yr	Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you Supervised		Give Average Number of Hours worked per week if part-time		
Summary of experience and duties performed: _____ _____									
Explain specific reason for leaving: _____									

3. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
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Starting Date		Leaving Date			Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/>	Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo	Day				Yr	
						Supervisor / Managerial <input type="checkbox"/>			
						If Supervisory, number of employees you Supervised			

Summary of experience and duties performed:

Explain specific reason for leaving: _____

4. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
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Starting Date		Leaving Date			Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/>	Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo	Day				Yr	
						Supervisor / Managerial <input type="checkbox"/>			
						If Supervisory, number of employees you Supervised			

Summary of experience and duties performed:

Explain specific reason for leaving: _____

5. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
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Starting Date		Leaving Date			Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/>	Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo	Day				Yr	
						Supervisor / Managerial <input type="checkbox"/>			
						If Supervisory, number of employees you Supervised			

Summary of experience and duties performed:

Explain specific reason for leaving: _____

6. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date		Leaving Date		Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you Supervised		Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo				Day	Yr	

Summary of experience and duties performed:

Explain specific reason for leaving: _____

7. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date		Leaving Date		Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you Supervised		Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo				Day	Yr	

Summary of experience and duties performed:

Explain specific reason for leaving: _____

8. Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	
Starting Date		Leaving Date		Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you Supervised		Give Average Number of Hours worked per week if part-time
Mo	Day	Yr	Mo				Day	Yr	

Summary of experience and duties performed:

Explain specific reason for leaving: _____

ADDRESS HISTORY

In the spaces below, list **ALL** addresses where you have lived during the past ten (10) years, including military addresses, if applicable. **BEGIN WITH YOUR PRESENT ADDRESS.**

FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE

DRIVING HISTORY

Do you currently have a valid driver's license? YES NO

STATE	LICENSE CLASS	EXPIRATION	DRIVERS LICENSE NUMBER	RESTRICTIONS

Have you ever had any other driver's licenses? YES NO If YES, in the space below list all states where you have been licensed and/or all names you have been licensed under.

NAMES	STATES

Have you ever had a driver's license revoked or suspended by the licensing authority (state or court)? YES NO If YES, list the required information in the spaces below.

FROM	TO	STATE	REASON

List **all** driving citations/summons you have received, **BEGINNING WITH THE MOST RECENT:**

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION

NARCOTICS HISTORY

Please answer the following questions YES or NO regarding the illegal use of drugs. List your explanation on the lines provided if you answered YES to that question.

DRUG	YES	NO	NUMBER OF TIMES USED	LAST TIME USED
Marijuana				
Hashish/Hash Oil				
THC (powder or tabs)				
LSD				
Peyote				
Mescaline				
PCP				
Methamphetamine				
Cocaine				
Tranquilizers				
Opium				
Heroin				
Codeine				
Mushrooms				
Methadone/Soboxone				
Designer Drugs (ie ecstasy)				
Synthetic Drugs (ie Spice K-2)				
Bath Salts				
Other (ie steroids; presc. drugs)				

Special Skills / Qualifications: List **ALL** special skills you possess and machines or equipment you can use, such as calculators, printing or graphics, computer equipment, types of software and hardware, etc.

Approximate Words per Minute in Typing (Keyboard) Skills _____ (If required for this position)

What language (s) do you speak _____

How fluently? Fair Good Excellent

Are you a certified interpreter? Yes No

Have you ever been employed by the **Village of Bosque Farms**? Yes No If Yes, list the departments and dates of employment.

Do you have any relatives working for the **Village of Bosque Farms**? Yes No If yes, list the names, relationships, and department where employed.

REFERENCES: Please provide names, addresses and phone numbers of three references **NOT RELATED TO YOU** (exclude employers and relatives) in order to be considered for employment.

Name	Address	City / State	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the City, I must comply with its policies, procedures and directives as a condition of employment. I further understand that no employee or representative of the **Village of Bosque Farms**, other than the City Clerk, has the authority to enter into any agreement for employment for any specified period of time.
2. I understand that as a condition of employment, I will be required to provide legal proof of United States citizenship.
3. I, the undersigned, authorize any and all of my present and past employers, law enforcement agencies, courts and motor vehicle departments to disclose information regarding my character, integrity, reputation, work performance and job duties to the **Village of Bosque Farms**.
4. I understand that the **Village of Bosque Farms** will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the **Village of Bosque Farms**.
5. It is the policy of the **Village of Bosque Farms** that applicants given a Conditional Offer of Employment take a drug test to show they are substance free. In order to protect the safety of the workers and the public, any applicant who refuses to take such test and/or whose test shows illegal drug use will not be employed by the **Village of Bosque Farms**.

THIS APPLICATION MUST BE SIGNED

Sign Here → _____
Applicant's Signature Date

VILLAGE OF BOSQUE FARMS HR DEPARTMENT USE ONLY (Box)