

# CITY OF TRINIDAD

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. Please print or type.

The City of Trinidad considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Trinidad also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle

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

City
State
Zip Code

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you a US Citizen?  Yes  No - If no, do you have the legal right to work in the United States?  Yes  No  
 It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

Have you previously applied with the City of Trinidad?  Yes  No - If Yes, date of application \_\_\_\_\_

Have you ever been employed with the City of Trinidad?  Yes  No

If Yes, dates of employment \_\_\_\_\_ to \_\_\_\_\_ Job title \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you on a layoff or subject to recall?  Yes  No Are you willing to travel if a job requires it?  Yes  No

Are you available to work:  Full time  Part time  Temporary  Shift work Date available \_\_\_\_\_

**EDUCATION AND TRAINING**

Did you graduate from high school or receive your GED?  Yes  No - If no, list highest grade completed \_\_\_\_\_

If yes, list high school or GED agency \_\_\_\_\_

Additional education: List colleges, trade schools, or other forms of training above the high school level.

Name of School or Program	Diploma, Degree or Certification received	Subject

List computer skills / programs you have used: \_\_\_\_\_

List machines or equipment operated: \_\_\_\_\_

List any additional training, technical skills, or professional knowledge that would support your application:

**EMPLOYMENT HISTORY**

List your employment experience, beginning with your current or most recent employer and work back. Include military experience and account for periods during which you were unemployed.

Employer: \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job title \_\_\_\_\_ Hours worked \_\_\_\_\_ Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving or wanting to leave

Employer: \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job title \_\_\_\_\_ Hours worked \_\_\_\_\_ Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving or wanting to leave

**EMPLOYMENT HISTORY (cont)**

Employer: \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job title \_\_\_\_\_ Hours worked \_\_\_\_\_ Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving or wanting to leave**

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Employer: \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job title \_\_\_\_\_ Hours worked \_\_\_\_\_ Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving or wanting to leave**

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Please explain any lapses in employment history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been fired or asked to resign from any job within the past 10 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** – List 3 references, excluding relatives

Name	Occupation	Dates known	Telephone

**ADDITIONAL INFORMATION:** Provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

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**OPTIONAL INFORMATION:**

Have you ever served in the US Armed Forces?  Yes  No – If yes, what branch of service \_\_\_\_\_

List dates of service and type of discharge \_\_\_\_\_

List duties in the service, including special training that is relevant to the position for which you are applying.

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**APPLICANT'S STATEMENT**

I certify that the 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 disqualification or discharge. I also understand that I am required to abide by all rules and regulations of the City of Trinidad.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***APPLICATIONS ARE KEPT ON FILE FOR THIRTY DAYS ONLY***