



# APPLICATION FOR EMPLOYMENT CITY OF ALBUQUERQUE

AN EQUAL OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER

P.O. Box 1293, 400 Marquette NW

Albuquerque, NM 87103

Phone: (505) 768-3700 FAX: (505) 768-3777

Internet: <http://www.cabq.gov>

PLEASE PRINT

## SECTION A: PERSONAL INFORMATION

1. Soc Sec No \_\_\_\_\_ 2. Application Date \_\_\_\_\_
3. Name \_\_\_\_\_  
Last First MI
4. Address \_\_\_\_\_  
Apt Number or PO Box Number or Street Number and Name
5. Address \_\_\_\_\_  
Mailing
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Phone Home Area Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 8. E-mail address \_\_\_\_\_

Federal law requires that you must be a U.S. citizen, a legal permanent resident, or an alien authorized by the United States Immigration Service to work in the U.S. *You will be required to prove that you are legally allowed to work in the United States before being hired.*

PLEASE PRINT

## SECTION B: JOB INFORMATION

1. JOB APPLIED FOR: A. ADVERTISEMENT # \_\_\_\_\_ B. JOB CODE \_\_\_\_\_  
C. DEPARTMENT \_\_\_\_\_ D. JOB TITLE \_\_\_\_\_
2. Have you ever worked for the City of Albuquerque before? Yes \_\_\_ No \_\_\_
3. If yes, give Department name: \_\_\_\_\_ 4. Dates: From: \_\_\_\_\_  
To: \_\_\_\_\_
5. Do any of your relatives work for the City of Albuquerque? Yes \_\_\_ No \_\_\_
6. If yes, provide name: \_\_\_\_\_ 7. Relationship: \_\_\_\_\_ 8. Dept: \_\_\_\_\_
9. Are you under the age of 18? Yes \_\_\_ No \_\_\_
10. Are you willing to accept part-time employment? Yes \_\_\_ No \_\_\_ Temporary employment? Yes \_\_\_ No \_\_\_

Individuals who may require reasonable accommodation under *The American With Disabilities Act* in the application and testing process are encouraged to complete a **Reasonable Accommodation Form** available from the Human Resources Department

## SECTION C: OPTIONAL INFORMATION

In order to comply with Federal/State Equal Employment Opportunity and statistical record keeping requirements, we ask your help and cooperation in providing the information requested below. This information will not be used in the employment process. If you choose not to provide the information, you will still be considered as positions become available.

1. Soc Sec No \_\_\_\_\_ 2. Birth date: \_\_\_\_\_ 3. Sex: Male \_\_\_ Female \_\_\_
4. Ethnic Group:  
A. American Indian/ Alaskan Native \_\_\_ B. Asian/ Pacific Islander \_\_\_ C. Hispanic \_\_\_ D. Black \_\_\_ E. White \_\_\_ F. Other \_\_\_
5. Are you a Disabled Veteran? Yes \_\_\_ No \_\_\_ 6. Do you consider yourself disabled? Yes \_\_\_ No \_\_\_

The City of Albuquerque is an equal opportunity employer and does not discriminate in employment or the provision of services on the basis of race, color, religion, national origin or ancestry, disability, age, gender, Vietnam era or disabled veteran status, sexual orientation or medical condition.

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OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER

## EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?  
HIGHEST GRADE COMPLETED? \_\_\_\_\_ GRADE

YES  NO

NAME OF COLLEGE OR UNIVERSITY AND LOCATION	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	ACADEMIC FIELD
	FROM	TO	SEMESTER	QUARTER		

  

PRIMARY UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS CREDIT	QUARTER HOURS CREDIT	PRIMARY GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS CREDIT	QUARTER HOURS CREDIT

**OTHER SCHOOLS OR TRAINING:** (FOR EXAMPLE, TRADE, VOCATIONAL, ARMED FORCES, OR BUSINESS).  
GIVE THE NAME AND LOCATION OF SCHOOL(S); DATES ATTENDED, SUBJECTS STUDIED; CERTIFICATES RECEIVED, ETC.

**LICENSES, CERTIFICATES:** (TRADE, PROFESSIONAL, CHAUFFEURS, ETC., TYPE OF LICENSE, DATE OF ISSUE AND DATE OF EXPIRATION)

**OTHER SKILLS AND ABILITIES:** (INCLUDE TYPING, SHORTHAND, OFFICE MACHINES, FOREIGN LANGUAGES, PROGRAMMING  
LANGUAGES, PUBLICATIONS, PROFESSIONAL ASSOCIATIONS, ETC.)



NAME OF NEXT PREVIOUS EMPLOYER:	STREET ADDRESS		C
	CITY	STATE	
SUPERVISOR'S NAME: TITLE:	FINAL SALARY	NO. OF HOURS PER WEEK	
	\$ _____ PER _____		
TITLE OF POSITION HELD:	DATES: (MONTH/YEAR)		
	FROM [ ]-[ ]-[ ]	TO [ ]-[ ]-[ ]	
REASON(S) FOR LEAVING:			
JOB DUTIES/RESPONSIBILITIES:			

NAME OF NEXT PREVIOUS EMPLOYER:	STREET ADDRESS		D
	CITY	STATE	
SUPERVISOR'S NAME: TITLE:	FINAL SALARY	NO. OF HOURS PER WEEK	
	\$ _____ PER _____		
TITLE OF POSITION HELD:	DATES: (MONTH/YEAR)		
	FROM [ ]-[ ]-[ ]	TO [ ]-[ ]-[ ]	
REASON(S) FOR LEAVING:			
JOB DUTIES/RESPONSIBILITIES:			

NAME OF NEXT PREVIOUS EMPLOYER:	STREET ADDRESS		E
	CITY	STATE	
SUPERVISOR'S NAME: TITLE:	FINAL SALARY	NO. OF HOURS PER WEEK	
	\$ _____ PER _____		
TITLE OF POSITION HELD:	DATES: (MONTH/YEAR)		
	FROM [ ]-[ ]-[ ]	TO [ ]-[ ]-[ ]	
REASON(S) FOR LEAVING:			
JOB DUTIES/RESPONSIBILITIES:			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT OR OMISSION IN THIS APPLICATION MAY BE DEEMED SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I WILL BE REQUIRED TO PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR LEGAL RESIDENCY. IN ORDER TO CONTINUE FOR CONSIDERATION AS AN APPLICANT, I WILL REPORT ALL CHANGES IN ADDRESS OR PHONE NUMBER TO THE PERSONNEL SERVICES DEPARTMENT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_