

RATON POLICE DEPARTMENT
P.O. BOX 397, Raton, NM 87740 575-445-2704

EMPLOYMENT APPLICATION

It is the policy of the City of Raton to provide equality of opportunity in employment, pay and all other aspects of our personnel policies, programs, practices and operation. This policy prohibits discrimination on the basis of race, creed, color, ancestry, national origin or political affiliation and except where it is a bona fide job qualification, on the basis of age, sex or physical/mental disability.

Please complete all applicable items in ink or by typewriter.

1. Title or kind of work applied for: _____ Permanent Term

_____ Temporary Part time

Personal Information

2. Name: _____
Last First Middle

3. Present Address _____
Street or Box Number City State Zip

4. If you are a resident of Raton, for how many years? _____

5. Telephone where you may be reached: Home: _____ Office: _____ Other: _____

6. Present Age and Birth date (only if listed as a job requirement) _____

7. If you are not a citizen of the United States, do you have a Bureau of Immigration approval to work in the U.S. Yes No

EDUCATIONAL INFORMATION (To be completed only if education is a job requirement)

8. Circle grade completed: GED 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 Post Graduate 17 18 19 20 More

9. Type of School Name & Address of School From to To Diploma/Degree Major
High School _____

10. List any correspondence course, special courses, seminars, workshops, training and skills acquired relating to the job applied for. Please review the job announcement before answering this question.

11. List any current licenses, registrations or certificates relating to the job, including driver's license (class, number and state of issue).

SKILLS

12. Typing ability: _____ Yes _____ No _____ Estimated WPM

Complete for Trade, Operating or Labor Jobs

13. Apprenticeship (s) served or trade(s) learned: _____

14. Capable of operating the following equipment: _____

Experience

Please list employers, beginning with the most recent employer. If necessary, continue on another sheet.

Phone Number: _____

Current/Most Recent Employer	Mailing address,	City,	State,	Zip Code
Your job title: _____		Duties Performed: _____		
Dates of Employment:	From: _____	To: _____	Hours per week: _____	
Name of Immediate Supervisor: _____		Reason for leaving: _____		
May we contact your current employer?	Yes _____	No _____	If no, please explain: _____	

Phone Number: _____

Previous Employer's Name	Mailing address,	City,	State,	Zip Code
Your job title: _____		Duties Performed: _____		
Dates of Employment:	From: _____	To: _____	Hours per week: _____	
Name of Immediate Supervisor: _____		Reason for leaving: _____		
May we contact your current employer?	Yes _____	No _____	If no, please explain: _____	

Phone Number: _____

Previous Employer's Name	Mailing address,	City,	State,	Zip Code
Your job title: _____		Duties Performed: _____		
Dates of Employment:	From: _____	To: _____	Hours per week: _____	
Name of Immediate Supervisor: _____		Reason for leaving: _____		
May we contact your current employer?	Yes _____	No _____	If no, please explain: _____	

Phone Number: _____

Previous Employer's Name	Mailing address,	City,	State,	Zip Code
Your job title: _____		Duties Performed: _____		
Dates of Employment:	From: _____	To: _____	Hours per week: _____	
Name of Immediate Supervisor: _____		Reason for leaving: _____		
May we contact your current employer?	Yes _____	No _____	If no, please explain: _____	

Phone Number: _____

Previous Employer's Name	Mailing address,	City,	State,	Zip Code
Your job title: _____		Duties Performed: _____		
Dates of Employment:	From: _____	To: _____	Hours per week: _____	
Name of Immediate Supervisor: _____		Reason for leaving: _____		
May we contact your current employer?	Yes _____	No _____	If no, please explain: _____	

Police Department Application

New Mexico Law controls the hiring of relatives in certain capacities. Please list any relatives, by blood or marriage, who are currently employees or elected officials of the City of Raton:

Name(s):	Relation	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL AND MENTAL CONDITIONS:

(If listed as a job requirement)

Height: _____ Weight: _____

To the best of my knowledge, I have no physical or mental condition or impairment which might limit my ability to perform the duties of the job applied for.

_____ Yes _____ No If yes, which:

Hearing: _____ Walking/Running: _____ Operating Machines _____ Vision _____ Climbing _____ Speaking: _____

Dealing with Complaints: _____ Physical Labor _____ Breathing _____ Lifting: _____ Diabetes _____ Epilepsy _____

Dealing with Deadlines or mental stress _____ Stooping/Standing _____ Operating Vehicles _____

Please explain any area(s) checks is/are remedied or controlled by medication, corrective appliances or mechanical aids:

I am willing to be examined by a physician, at the city's expense, and to take a physical performance test for the job applied for.

_____ Yes _____ No

WAIVER CERTIFICATE – MANDATORY

I understand that as an applicant for the employment with the City of Raton, that a complete character investigation is necessary prior to my acceptance as an employee of the public. I hereby authorize the release of information concerning my character, employment history, driving record and/or any criminal background, to be used to determine my acceptability as an employee.

All information received concerning my background will be kept in the strictest confidence of the City of Raton and will be released or discussed only with my written consent.

Applicant's Name (Printed)

Applicant's Signature

I hereby certify that the answers to the above questions are true and I understand and agree that any false statements contained in the application may cause rejection of this application or termination of employment. I authorize that a transcript may be requested to verify any educational record stated.

Signature

Date

RELEASE OF INFORMATION FORM

I, _____, give _____ permission to release to The Raton Police Department Information contained in my personnel file regarding the following areas.

- () Date of hire
- () Date of Termination
- () Beginning salary
- () Ending salary
- () Attendance records (for the past two years)
- () Tardiness
- () Vacation time
- () Administrative leave time
- () Leave without pay
- () Worker's compensation leave
- () Illness or injury
- () Personal time
- () Performance evaluations (for the past two years)
- () Disciplinary and termination records (for the past two years)
- () All of the above

Signed By: _____

STATE OF NEW MEXICO }
 } ss
 COUNTY OF COLFAX }

Acknowledged before me this _____ day of _____, 20__ by _____

Notary Public

My Commission Expires: _____