



CITY OF ESPAÑOLA
DEPARTMENT OF PUBLIC SAFETY
ESPAÑOLA POLICE DEPARTMENT
Mayor Joseph L. Maestas

Julian M. Gonzales
Director of Public
Safety
411 N. Paseo de Oñate
Española, NM 87532
Phone: 505-747-6002
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Applicants are considered for all positions without regards o race, color, religion, sex, national origin, ancestry, age, marital, or veteran status, or the presence or a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied for: _____

Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City, State, Zip Code)

Date of Birth: _____ Social Security Number _____

Telephone Numbers: (Home) _____ (Work) _____
(Others) _____

Have you ever been convicted of a Felony? Yes No If yes Explain and Provide
Dates: _____

Have you ever been convicted of any Misdemeanor (Yes) (No) If Yes Explain and
Provide Dates: _____

Do you now or have you previously worked for the City of Española?
Yes No If yes, provide dates: _____

Does the City of Española employ any relative of yours or are you related to a City
Official? Yes No Name: _____ Relationship _____

Are you eligible to work in the United States? Yes No
(If Selected Proof of eligibility will be required)

Do you possess a valid driver's license Yes No
State _____ Class _____ License Number _____

EDUCATION:

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

Yes High School Diploma / G.E.D. Certificate? Name of School _____
 No If no Indicate Grade Completed _____

Vocational / Technical
 Name of School _____ Hrs Completed _____
 Major Field _____

UNDERGRADUATE	GRADUATE
College or University	College or University
Major Field(s)	Major Field(s)
Hours Completed Semester: _____ Quarter: _____	Hours Completed Semester: _____ Quarter: _____
Degree(s) received:	Degree(s) received:
Dates(s) received:	Dates(s) received:

1. License/ Certificate issued by:			
Field/Trade/Specialization	Lic. /Cert. No.	Issue Date	Exp. Date
2. License/ Certificate issued by:			
Field/Trade/Specialization	Lic. /Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for e.g. computer literacy (types of hardware/software). Types of equipment operated, management training, etc. _____

Are you over twenty-one years of age? Yes No
 Are you willing to submit to a full background investigation? Yes No
 Are you willing to submit to drug and alcohol screening? Yes No
 Are you willing to submit to psychological testing? Yes No
 Are you willing to submit to a polygraph examination? Yes No
 Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes No

PROFESSIONAL REFERENCES (Not Relatives): List only those you will permit us to contact

Name	Address	Phone	Professional Relationship

EXPERIENCE: Please begin with your most recent experience in block 1.

May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?

Yes No If No, please indicate which employer it applies to and why: _____

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from your employer documenting job duties, beginning and ending dates, and numbers of hours worked are required.

1	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address		No. & Street/ P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____	Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$
Duties: _____				

Reason for leaving or wanting to leave: _____				DO NOT WRITE IN THIS AREA
_____				YRS MO'S

2	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
Employers Address		No. & Street/ P.O. Box	City	State Zip
Your Job Title				
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____	Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$
Duties: _____				

Reason for leaving or wanting to leave: _____				DO NOT WRITE IN THIS AREA
_____				YRS MO'S

3	Employers Name	Kind Of Business	From(Mo/Yr)	To (Mo/Yr)
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Employers Address	No. & Street/ P.O. Box	City	State	Zip	Your Job Title
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____		Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$
Duties: _____ _____ _____ _____					
Reason for leaving or wanting to leave: _____ _____ _____					DO NOT WRITE IN THIS AREA YRS MO'S

4	Employers Name	Kind Of Business			From(Mo/Yr)	To (Mo/Yr)
Employers Address	No. & Street/ P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____		Hours Per Week	Start Mo. Pay \$	Last Mo. Pay \$	
Duties: _____ _____ _____ _____						
Reason for leaving or wanting to leave: _____ _____ _____						DO NOT WRITE IN THIS AREA YRS MO'S

NOTE: For additional experience blocks please use continuation sheet

PLEASE READ BEFORE SIGNING

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize the City of Española to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers and schools from damages resulting from furnishing such information. I understand that this application shall become record upon receipt and herfore shall be available for public inspection.

Applicants Signature

Date

DEPARTMENT OF PUBLIC SAFETY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

This information requested below is in compliance with regulations issued by the Equal Opportunity Commission under Title VII of the Civil Rights Act of 1964. Answers will be confidential and will not be used for purposes of other than Equal Employment Opportunity Reporting. The information requested is for statistical purposes only.

SEX: Male Female

RACE: Anglo Hispanic Native American African American Oriental Other (explain) _____

How did you learn or see our ad to become interested in the Department of Public Safety Police Services Division?

For use by Human Resource and Department of Public Safety

Experience: _____

Education: _____

Comments: _____

Accepted Rejected Staff: _____ Date: _____

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Employers Address	No. & Street/ P.O. Box	City	State Zip
Your Job Title		Supervisor's Name	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____
Start Mo. Pay \$	Hours Per Week	Last Mo. Pay \$	
Duties: _____			
Reason for leaving or wanting to leave: _____			DO NOT WRITE IN THIS AREA
			YRS MO'S

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Start Mo. Pay \$	Hours Per Week	Last Mo. Pay \$	
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