



RATON POLICE DEPARTMENT

P.O. Box 397 / 224 Savage Ave. / (575) 445-2704
RATON, NEW MEXICO 87740

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 original or political affiliation and except where it is a bonafide job qualification, on the basis of age, sex or physical / mental disability.

Please complete all applicable items in ink

Title or kind of work applying for: _____

Permanent _____ Term _____ Temporary _____ Part time _____

Contact Information

Name: _____ Address: _____

Email: _____

Home Phone: _____ Alternate phone: _____

Personal Information

If you are a resident of Raton, list how many years? _____

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

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 _____

Do you possess a valid Driver's License? Yes _____ No _____

Driver License Number: _____ Driver License State: _____ Class _____

What is your highest level of education?

Circle grade completed: GED 1 2 3 4 5 6 7 8 9 10 11 12 College: 13 14 15 16

Type of School: _____ Name & Address of School: _____

From – To: _____ Diploma / Degree: _____ Major: _____

PHYSICAL AND MENTAL CONDITIONS:

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 mark all that applies

Height: _____ Weight: _____ Hearing: _____ Walking / Running: _____

Vision: _____ Standing / Stooping: _____ Climbing: _____ Speaking: _____

Physical Labor: _____ Breathing: _____ Lifting: _____ Diabetes: _____

Epilepsy: _____ Dealing with stress: _____ Dealing with Complaints: _____

Dealing with Deadlines: _____ Operating Machines: _____ Operating Vehicles: _____

Please explain any area (s) checks are in, 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 release 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 and educational record stated.

Signature: _____ Date: _____

List any correspondence course, special courses, seminars, workshop, training and skills acquired relating to the job applied for:

List any current licenses, certificates relating to the job applying for:

Skills

Typing ability: Yes _____ No _____ Estimated WPM _____

Complete for trade, Operation or Labor Jobs

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

Capable of operation the following equipment: _____

Work History

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

Company / Agency Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____ Phone #: _____

Job Title: _____ Duties Performed: _____

Date 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: _____

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

Company / Agency Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____ Phone #: _____

Job Title: _____ Duties Performed: _____

Date of Employment: From: _____ to: _____ Hours per week: _____

Name of Immediate Supervisor: _____

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Name of Immediate Supervisor: _____

Reason for leaving: _____

May we contact your current employer? Yes _____ No _____

If no, please explain: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: ____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: ____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: ____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: ____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: ____ Zip Code: _____

Professional References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal References

Name: First: _____ Last: _____
Title: _____ Phone Number: Home _____ Cell: _____
Email: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal References

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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
- () 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 the above

Signed By: _____ Date: _____

STATE OF NEW MEXICO }
 } ss
 COUNTY OF COLFAX }

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

 Notary Public

My Commission Expires: _____