



VILLAGE OF TAOS SKI VALLEY
7 Firehouse Road - P.O. Box 100
Taos Ski Valley, NM 87525
(575) 776-8220 (575) 775-1145 Fax

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for position).

Position Applied For _____

Are you available to work (check all that apply) ☐ Full-Time ☐ Part-Time

PERSONAL INFORMATION

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

Mailing Address _____

Physical Address _____

(City) _____ (State) _____ (Zip Code) _____

Telephone (____) _____ Other (____) _____

Are you a United States Citizen? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment). ☐ Yes ☐ No

Do you possess a valid driver's license? ☐ Yes ☐ No

State _____ Class _____ License# _____ Expiration _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, explain and provide details: _____

(A conviction record will not necessarily be a bar to employment).

EDUCATION

High School Graduate/GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate grade completed:	
<input type="checkbox"/> Vocational/Technical <input type="checkbox"/> School-Major Field:	
<input type="checkbox"/> Business College <input type="checkbox"/> Major Field :	
<input type="checkbox"/> College or University - Name:	
UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Hours Completed Semester:	Hours Completed Semester:
Quarter:	Quarter:

Degree(s) Received: (copies of diploma and/or transcripts may be requested upon offer of employment)			
1. License/Certificate issued by			
Field/Trade/Specialization	Lic/Cert.No	Issue Date	Issue Date
2. License/Certificate issued by			
Field/Trade/Specialization	Lic/Cert.No	Issue Date	Issue Date

State any additional information you feel may be helpful to us in considering your application:

EMPLOYMENT RECORD

Please enter number in box before "Employer 's Name" for proper sequence. List most recent first.

	Employer's Name	Kind of Business	From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address No. & Street/P.O. Box City State Zip			Your Job Title	
Supervisor's Name Phone Number ()			<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$		LAST Mo. Pay \$		
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)		PLACE of employment (City & State) if different from employer's address		
DUTIES:				
REASONS FOR LEAVING:				

	Employer's Name		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title
Supervisor's Name			Phone Number ()		<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$			LAST Mo. Pay \$			
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
DUTIES:						
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	Employer's Name		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title
Supervisor's Name			Phone Number ()		<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$			LAST Mo. Pay \$			
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
DUTIES:						
REASONS FOR LEAVING:						

	Employer's Name		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
Employer's Address		No. & Street/P.O. Box	City	State	Zip	Your Job Title
Supervisor's Name			Phone Number ()		<input type="checkbox"/> Full-Time Hours per week <input type="checkbox"/> Part-Time _____	
START Mo. Pay \$			LAST Mo. Pay \$			
If you supervised employees, indicate number & give dates No. FROM (Mo./Yr.) TO (Mo./Yr.)			PLACE of employment (City & State) if different from employer's address			
DUTIES:						
REASONS FOR LEAVING:						

PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE

EXPERIENCE

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

☐ Yes ☐ No

If No, please indicate which employer(s) it applies to and why:

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that making a false statement or omission in this application may be sufficient cause for rejection or this application or dismissal after employment. I give the Village of Taos Ski Valley the right to investigate all references and to secure additional information about me, and my prior work history. I hereby release, from liability the Village of Taos Ski Valley, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore, shall be available for public inspection.

Signature of Applicant

Date

THANK YOU FOR TAKING INTEREST IN THE VILLAGE OF TAOS SKI VALLEY

-- Providing infrastructure & services to a World Class Ski Resort Community --