



CITY OF TEXICO EMPLOYMENT APPLICATION

Submission Instructions

Complete all applicable sections, save a copy of the filled PDF, and submit your application either in person at City Hall or by email to cityclerk@yucca.net. Questions may also be directed to the City Clerk at that email address.

Please do not include a Social Security number, medical details, or criminal-history information with this initial application unless the City specifically requests it later in the hiring process.

POSITION APPLIED FOR

Position applying for	Application date	Available start date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment type requested Full-time Part-time Temporary Seasonal

Schedule / availability notes

APPLICANT INFORMATION

Full legal name	Preferred name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Mailing address
<input type="text"/>	<input type="text"/>

City	State	ZIP	Alternate phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ELIGIBILITY AND GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes No

Can you provide proof of work authorization if hired? Yes No

Are you at least 18 years of age? Yes No

Have you previously worked for the City of Texico? Yes No

Do you have any relatives currently employed by the City of Texico? Yes No

If yes to prior City employment or relatives employed, please explain

The City of Texico is an Equal Opportunity Employer. Applicants needing reasonable accommodation during the application or interview process may contact the City Clerk.



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EDUCATION

List schools, colleges, certifications, and other training that are relevant to the position.

Level / Type	School / Program	Location	Degree / Cert.	Completed?
High School / GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
College / University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
Trade / Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
Other Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N

LICENSES, CERTIFICATIONS, AND TRAINING

Relevant licenses, certifications, training, or special qualifications

SKILLS AND QUALIFICATIONS

Check skills that apply and briefly describe your related experience below.

- | | | |
|--|--|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Email / Outlook |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Cash handling | <input type="checkbox"/> Billing / utility accounts |
| <input type="checkbox"/> Records management | <input type="checkbox"/> Data entry | <input type="checkbox"/> Accounting / payroll |
| <input type="checkbox"/> Tools / maintenance | <input type="checkbox"/> Heavy equipment | <input type="checkbox"/> CDL |
| <input type="checkbox"/> Public service | <input type="checkbox"/> Phones / front desk | <input type="checkbox"/> Other |

Briefly describe your qualifications and why you are interested in this position



CITY OF TEXICO

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Begin with your current or most recent employer. Include volunteer or military service if relevant. Attach additional pages if needed.

Employer 1

Employer name **Employer address** **Phone**

Job title **Supervisor** **Start date** **End date**

Duties / responsibilities **Reason for leaving**

May we contact this employer? Yes No

Employer 2

Employer name **Employer address** **Phone**

Job title **Supervisor** **Start date** **End date**

Duties / responsibilities **Reason for leaving**

May we contact this employer? Yes No

Employer 3

Employer name **Employer address** **Phone**

Job title **Supervisor** **Start date** **End date**

Duties / responsibilities **Reason for leaving**

May we contact this employer? Yes No



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REFERENCES

List three professional references who know your work, character, or qualifications. Please do not list relatives.

Name	Relationship / Organization	Phone	Email	Yrs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVER / VEHICLE OPERATOR INFORMATION

Complete this section only if the position requires driving or operating City vehicles/equipment.

Is driving required for the position you are applying for?

Yes No

Driver license number

State

Class

Expiration date

CDL / endorsements, if any

Can you provide a valid license and any required certifications if selected for a driving/operator position?

Yes No

Notes about driving/operator qualifications



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CERTIFICATION AND AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may result in disqualification from employment consideration or, if hired, termination. I authorize the City of Texico to verify information related to my education, employment history, references, licenses, and qualifications. I understand that employment may be conditioned on job-related checks or requirements permitted by law.

Applicant signature / typed name

Date

CITY USE ONLY

Date received

Position considered

Reviewed by

Interview date

Status / decision

Start date / pay, if hired

Comments