

# CITY OF LOVINGTON

## EMPLOYMENT APPLICATION

Rec'd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

by \_\_\_\_\_

It is the policy of the City of Lovington to provide equality of opportunity in employment, pay and all other aspects of our personnel policies, practices, and programs. This policy prohibits discrimination on the basis of race, creed, color, ancestry, national origin, political affiliation, sex, sexual preference, age, or physical or mental disability.

**PLEASE COMPLETE ALL APPLICABLE ITEMS IN INK OR BY TYPEWRITER**

Title or Kind of Work Applied For: \_\_\_\_\_

*Available For:*

- Permanent                       Term  
 Temporary                       Part-Time

Date Available: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
LAST                      FIRST                      MIDDLE INITIAL

Current Address: \_\_\_\_\_  
STREET or MAILING                      CITY

\_\_\_\_\_ STATE                      ZIP CODE

Telephone number at which you may be reached:

- HOME: \_\_\_\_\_  
 WORK: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 \_\_\_\_\_

If you attended school or were employed under another name, please enter along with dates used:

If you are not a U.S. Citizen, do you have Bureau of Immigration permission to work in the U.S.?     NO     YES

Type of visa: \_\_\_\_\_

**EDUCATION & TRAINING**

Please circle the highest year of education completed:

\_\_\_\_\_ ELEMENTARY and SECONDARY                      \_\_\_\_\_ COLLEGE                      \_\_\_\_\_ POST GRADUATE  
 1 2 3 4 5 6 7 8 9 10 11 12 or GED                      1 2 3 4                      1 2 3 4 5 6 or more

**SCHOOLS ATTENDED**

TYPE	NAME and LOCATION OF SCHOOL	FROM - TO	DEGREE OR CERTIFICATE RECEIVED	MAJOR STUDY
HIGH SCHOOL				
VOCATIONAL-TECHNICAL				
COLLEGE or UNIVERSITY				

List any correspondence courses, seminars, workshops or other training which relates to the job applied for:

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List any current licenses, registrations or certificates you have which relate to the job applied for, including driver's license (class, number and state of issue)

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List any apprenticeship(s) you have served or trade(s) you have learned:

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### SKILLS

Complete only those items which relate to the job applied for.

*Can you:*

TYPE?  NO  YES Estimated words per minute \_\_\_\_\_

TAKE SHORTHAND?  NO  YES Estimated words per minute \_\_\_\_\_ Method \_\_\_\_\_

BOOKKEEPING EXPERIENCE?  NO  YES How long? \_\_\_\_\_

WHAT MACHINES (Office or Other) CAN YOU OPERATE? \_\_\_\_\_

WHAT LANGUAGE(S) BESIDES ENGLISH DO YOU SPEAK WELL? \_\_\_\_\_

### NEPOTISM

New Mexico law controls the hiring of relatives of officials in certain cases. Please list any relatives by blood or marriage who are currently employees or elected officials of the City of Lovington

NAME(S)

RELATION TO YOU

NAME(S)	RELATION TO YOU
_____	_____
_____	_____
_____	_____

### PREVIOUS EMPLOYMENT

Please list paid employment, including service with the armed forces, beginning with your current or most recent employment. If necessary continue on another sheet.

<b>1</b> EMPLOYER'S NAME:		YOUR TITLE:
ADDRESS:		DESCRIBE YOUR JOB:
FROM: (Month / Year)	TO: (Month / Year)	
STARTING PAY:	WHY DID YOU LEAVE?	
FINAL PAY:		
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		

<b>2</b> NEXT EMPLOYER'S NAME:		YOUR TITLE
ADDRESS:	DESCRIBE YOUR JOB:	
FROM: (Month / Year) TO: (Month / Year)		
STARTING PAY:	WHY DID YOU LEAVE?	
FINAL PAY:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		

<b>3</b> NEXT EMPLOYER'S NAME:		YOUR TITLE
ADDRESS:	DESCRIBE YOUR JOB:	
FROM: (Month / Year) TO: (Month / Year)		
STARTING PAY:	WHY DID YOU LEAVE?	
FINAL PAY:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		

<b>4</b> NEXT EMPLOYER'S NAME:		YOUR TITLE
ADDRESS:	DESCRIBE YOUR JOB:	
FROM: (Month / Year) TO: (Month / Year)		
STARTING PAY:	WHY DID YOU LEAVE?	
FINAL PAY:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		

<b>5</b> NEXT EMPLOYER'S NAME:		YOUR TITLE
ADDRESS:	DESCRIBE YOUR JOB:	
FROM: (Month / Year) TO: (Month / Year)		
STARTING PAY:	WHY DID YOU LEAVE?	
FINAL PAY:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		

*Please continue on an additional sheet if necessary, giving same information and numbering*

**UNPAID EXPERIENCE**

Please list any unpaid or volunteer experience which you feel might help you in doing the job applied for.

<b>ORGANIZATION or SITUATION:</b> _____ <b>FROM:</b> (Month / Year) <b>TO:</b> (Month / Year) _____ <b>AVERAGE HOURS PER WEEK:</b> _____ <b>NAME OF PERSON FAMILIAR WITH YOUR WORK:</b> _____ <b>TELEPHONE NUMBER or ADDRESS</b> _____ _____	<b>WHAT YOU DID:</b> _____ _____ _____ <b>WHAT YOU LEARNED:</b> _____ _____ _____ _____
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<b>ORGANIZATION or SITUATION:</b> _____ <b>FROM:</b> (Month / Year) <b>TO:</b> (Month / Year) _____ <b>AVERAGE HOURS PER WEEK:</b> _____ <b>NAME OF PERSON FAMILIAR WITH YOUR WORK:</b> _____ <b>TELEPHONE NUMBER or ADDRESS</b> _____ _____	<b>WHAT YOU DID:</b> _____ _____ _____ <b>WHAT YOU LEARNED:</b> _____ _____ _____ _____
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**CERTIFICATE OF APPLICATION**

I hereby certify that all answers to the above questions are true to the best of my knowledge and authorize the City of Lovington to verify any of the information given. I fully understand that any misrepresentation or omission herein may cause rejection of this application or termination of employment.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE