CITY OF LOVINGTON

SUPPLEMENTAL APPLICATION FORM - GENERAL

The job you have applied for lists special bonafide occupational qualifications in the job announcement. Please complete the boxes checked and sign where required. This form will be added to your application. BE SURE TO SIGN THE CERTIFICATE.

IDENTIFICATION

NAME: _____

Last First Middle Initial

AGE: _____ DATE OF BIRTH: _____

BONDABILITY

Have you ever been denied coverage by a surety bond for handling finances?

NO _____ YES _____

Do you know of any reason you might be denied coverage? NO ____ YES ____

If Yes on either, please explain:

CONVICTION INFORMATION

We declare that the existence of a conviction record will not automatically disqualify you from all employment with the City of Lovington although certain types of criminal conviction may prohibit you from working in certain jobs.

Have you ever been convicted as an adult for a criminal offense? NO ___ YES ___

As a civilian? NO ___ YES ___ In the Armed Forces? NO ___ YES ___

If Yes, Please complete:

Date(s) and Location(s) of Conviction(s) / Nature of Offense(s) / Disposition(s)

Complete whether Yes or No:

I, _____, hereby authorize the release to the City of Lovington, New Mexico, of past or current information concerning convictions against me from any agency including the United States Department of Defense or any of its branches. I do hereby hold harmless and free of liability any source that releases this information.

_____

Applicants Signature

_____ _____

Social Security Number Address

_____ _____

Service Number City State Zip