Lincoln County
Post Office Box 711
Carrizozo, New Mexico 88301
Phone #: 575/648-2385 ext. 100
Fax #: 575/648-4182

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, or any other legally protected class. Lincoln County participates with E-Verify. If you are hired for any position, federal law requires that you provide proof of your eligibility to work in the United States within 72 hours of your hire date. Failure to prove such eligibility will void the offer of employment.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
Referral Source (How did you hear about us?)	
NAME MUST MATCH THE NAME ON YOUR SOCIAL SECURITY CARD	
Last Name First Name Middle Name	
Address *(Street Name and Number, Post Office Box, City, State, Zip Code)*	
Telephone Number Cell Phone Number	Last 4 Digits of your Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Yes ___No
If yes, give date _____

Have you ever been employed with us before? ___Yes ___No
If yes, give date _____

Are you currently employed? ___Yes ___No

May we contact your present employer? ___Yes ___No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___Yes ___No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: ___Full Time ___Part Time ___Shift Work ___Temporary

Are you currently on "lay-off" status and subject to recall? ___Yes ___No

Can you travel if a job requires it? ___Yes ___No

Have you been convicted of a felony within the last 5 years? ___Yes ___No
(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

If yes, please explain

_____

EDUCATION:

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:)*

_____

_____

_____

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? ___Yes ___No

If Yes, please describe_____

_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

___Yes ___No

WORK EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: :_____ Reason for Leaving: _____	Dates Employed From To _____ _____ Hourly Rate/Salary Starting $_____ Final $_____ May We Contact? __ Yes __ No	Work Performed:_____ _____ _____ _____ _____ _____ _____ _____ _____
Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: :_____ Reason for Leaving: _____	Dates Employed From To _____ _____ Hourly Rate/Salary Starting $_____ Final $_____ May We Contact? __ Yes __ No	Work Performed:_____ _____ _____ _____ _____ _____ _____ _____ _____
Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: :_____ Reason for Leaving: _____	Dates Employed From To _____ _____ Hourly Rate/Salary Starting $_____ Final $_____ May We Contact? __ Yes __ No	Work Performed:_____ _____ _____ _____ _____ _____ _____ _____ _____

If you need additional space, please continue on a separate sheet of paper.

COMMENT: Include explanation of any gaps in employment.

_____

_____

_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge.

As a condition for new employment, it is required that the applicant consent to and authorize a verification of background information submitted and their application and/or resume.

This release allows for a verification of your education, previous employment, and work history. Further, it authorizes contact of personal references, reviews of motor vehicle records, worker's compensation history, any criminal history records, information and credit bureau reports.

The signing of this instrument acknowledges a reading and understanding of this instrument. It acknowledges that it is authorizing the release of information from persons, schools, current and former employers, and other organizations and agencies to the County of Lincoln with all information requested except as prohibited by law. The signing of this instrument further releases all of the persons and entities providing information from any and all claims and damages connected with their release of any requested information. It is further authorized by applicant that a copy of this instrument may suffice for the original. Further, applicant by his or her signature agrees to forever release and discharge the County of Lincoln and its agents, employees, and servants to the full extent permitted by law from any claims, damages, losses, liabilities, costs or expenses, or other charge or complaint which may be filed or brought arising from the retrieving and reporting of information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The County requires the applicant selected to fill a vacant position to take an employment physical examination to determine whether the employee can perform the essential functions of the position. The physical examination will include a substance abuse test. If the employee does not successfully complete the physical examination and the substance abuse test, it will result in immediate withdrawal of the offer of employment.

Applicant: _____ Last 4 Digits of Social Security #:_____
(Printed Name)

Signature: _____ Date: _____

Driver's License #: _____ State: _____

Phone: _____

In conformance with Americans with Disabilities Act, I acknowledge by my signature that should I be offered a position, contingent upon a satisfactory background investigation, worker's compensation information obtained from the Department of Labor and/or the Worker's Compensation Commission is hereby authorized. All results will be proprietary and will be kept confidential. The information provided will not be provided to any parties other than to designated County personnel.

Applicant's Signature: _____

COUNTY OF LINCOLN
VETERAN'S CERTIFICATION FORM
FOR JOB APPLICATION

APPLICANT'S NAME: _____

Pursuant to County of Lincoln Resolution 2014-35, the County of Lincoln Human Resources/Recruitment Office has implemented a Veterans' Hiring Initiative policy. When a veteran applicant meets or exceeds the minimum qualifications on a job posting, and has completed and passed any testing procedures required by the department for employment qualification, the applicant shall be identified by the Human Resources/Recruitment Office on the list of eligible applicants for the department seeking to fill a position that the applicant is a "veteran."

The purpose of this form is to allow job applicants the opportunity to identify and certify that they are a veteran who has an honorable discharge from the military or to verify that the job applicant is a member of the National Guard or Reserve who has successfully completed basic training.

Once verified and/or certified as a veteran AND if it is determined that the veteran applicant meets or exceeds the minimum qualifications on a job posting, the Human Resources/Recruitment Office will identify the veteran applicant on the list of eligible applicants for the department seeking to fill the position. Once certified and identified by the Human Resources/Recruitment Office, the department shall interview the identified veteran.

In further accordance with the County of Lincoln Resolution 2014-35, the Governing Body does not guarantee that a veteran shall be hired for the position being applied for, only that the veteran will be given an interview.

To identify yourself as a veteran or a member of the National Guard or Reserve who has successfully completed basic training, answer the following questions:

	Yes	No
1. Have you ever served in the United Military on Active, Guard, or Reserve Status?	___	___
2. Did you receive an honorable discharge?	___	___
3. Are you a member of the National guard or Reserve who has successfully completed basic training.	___	___

To certify your veteran status, please attach a copy of your "DD214" or DD215" form, and/or proof of current Active, Guard, or Reserve enlistment.

Please ensure your application clearly indicates your military experience and identify any education, job duties and/or responsibilities.

Signature_____ Date._____

Print Name_____

February 2015