

APPLICATION FOR EMPLOYMENT PO Box 711 * 300 Central Ave. * Carrizozo, New Mexico 88301-0711 * (575) 648-2385

Position Applying For:	Date:				
Last Name:	First Name:				
Street Address:	City:	State:	Zip:		
Phone Number:	Last 4 Digits of your Social Security Number:				
Referral Source (How did you he	ar about us?):				
We consider applicants for all positions we disability, marital or veteran status, sexual Lincoln County participates with E-Verify provide proof of your eligibility to work in such eligibility will void the offer of employed.	al orientation, gender id fy. If you are hired for h the United States with	lentity, or any other lega any position, federal law	lly protected class. requires that you		
If you are under 18 years of age, can you Have you ever been employed with us be If yes, give date		of of your eligibility to	work? □- Yes □- No □-Yes □- No		
Are you currently employed?			□ Yes □- No		
May we contact your present employer?	?		□ Yes □- No		
Are you prevented from lawfully becom Immigration Status? (Proof of citizenship or immigration statu		-	or □Yes □- No		
On what date would you be available for	r work?				
Are you available to work:	Time Part Time	e 🗆 Shift Work	☐ Temporary		
Are you currently on "lay-off" status an	nd subject to recall?		□ Yes □ No		
Can you travel if a job requires it?			□ Yes □ No		
Former Name(s) used:					

EDUCATION:

High School:	Years Completed:	Diploma / Degree: □-Yes□-No
Undergraduate College:	Cours	se of Study:
Years Completed:		Degree:
	1 5	
		se of Study:
Years Completed:	Diploma / Degree: □-Yes□-No	Degree:
Other (Specify):	Course of Stud	ly:
Years Completed:		Degree:
Describe any specialized train	ing, apprenticeship, skills and extra-	curricular activities:
Describe any honors you have	received:	
	on you feel may be helpful to us in co	onsidering your application:
	s you can speak, read and/or write:	W '-
Speak:	Read:	Write:
	ess or civic activities and offices held, national origin, age, ancestry, or har	l. (You may exclude memberships which ndicap or other protected status:)
employers.		e not related to you and are not previous
1. Name:	Address:	Phone:
3 Name:	Address:	Phone: Phone:
J. Ivame.	Address.	1 nonc.
Have you ever had any job-re	ated training in the United States m	ilitary? □-Yes□-No
If Yes, please describe:		
Are you physically or otherwi	se <u>UNABLE</u> to perform the duties of	f 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:	Phone:	
Dates Employed:				
Job Title:			_ Supervisor:	
Salary: Starting	g: \$	_ Final: \$	_ Supervisor:May We Contact? □-Yes	□-No
Duties Performed:				
Employer:		Address:	Phone:	
Dates Employed:	From:	To:		
Job Title:			Supervisor:	
Salary: Starting	g: \$	Final: \$	May We Contact? □-Yes	□-No
Duties Performed:				
Employer:		Address:	Phone:	
Dates Employed:	From:	To:	Phone:	
Job Title:			Supervisor:	
Salary: Starting	g: \$	Final: \$	May We Contact? □-Yes	□-No
Reason for Leaving: _				
Duties Performed:				
			Dlagge	
Dates Employed:	Enom	_ Address:	Phone:	
Ich Title:	F10III	10	Supervisor:	
Salary: Starting	· \$	Final: \$	May We Contact? □-Yes	
_	=			□ -110
Duties Performed:				
Duties i chomica.				
COMMENT: Include exp	lanation of any ga	ips in employment	i.	
SPECIAL SKILLS A				
Summarize special job-rela	ated skills and qua	difications acquire	ed from employment or other experience.	