

700 E. Roosevelt Ave. Ste. 50 Grants, New Mexico 87020 (505) 287-9431

Employment Application

An Equal Opportunity Employer

Please read the entire form before you begin filling it out and answer all questions, indicating "NONE" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered. Cibola County observes all Federal and State laws and regulations related to nondiscrimination employment.

PERSONAL					
Last Name	First Name	Middle	Other Names by which you have been known		
Temporary Mailing Address	City	State	Zip Code	Phone #	
Permanent Mailing Address	City	State	Zip Code	Phone #	
	Are you under 18? YES NO	Are you a U.S. Citizen? YES NO	Have you previously applie If "YES", When?	ed with Cibola County? YES NO	
Position you are applying for			Date you will be availab	ole to start work?	
Do you have a valid Driver's License? YES NO	Driver's License #	State where valid license was issued?	Has your license ever beer	n revoked or suspended?	
Only U.S. Citizens or Aliens wh submit documentation verifying		=		upon employment, NO	

		EDU	JCATION						
SCHOOL	L NAME AND ADDRESS OF SCHOOL LAST YEAR COMPLET		ETED	GRADUATE		LIST DEGREE OR DIPLOMA			
HIGH SCHOOL			1	2	3	4		YES	0
COLLEGE			1	2	3	4		YES N	0
OTHER (Specify)			1	2	3	4		YES	0
		M	LITARY						
Were you ever in the Armed Forces? YES NO Present Status (Classif	Dates FromTo Tication/Reserve Status)	Branch of Se	rvice	Date	e of Dis	charge		Туре	of Discharge
	you may have known for at least PLEASE COMPLETE ALL IMFORMA YEARS KNOWN	one year. Th		mploym	provided	d should		se during bus	
Permission granted	to contact the above refe	rences?	YES		NO				
Do you have any	y RELATIVES working	for Cibo	ola Coun	ty?	<u> </u>	YES		NO	
NAME			RELATION	SHIP					
NAME			RELATION	SHIP					
NAME			RELATIONSHIP						

DATE:

NAME:_____

NAME:	DATE:
NAME:	PAIL:

EXPERIENCE Beginning with the most recent, list all employment, including part-time and self-employment. Also, list significant experience: You may include any verified work performed on a voluntary basis. Please, complete this section in its entirety. Address Zip Code **Employer Name** State From (Mo./Yr.) to (Mo./Yr.) Title Name of Supervisor Telephone Number Starting Base Pay **Description of Duties** Final Base Pay Reason for leaving May we contact this employer? YES **Employer Name** Address State Zip Code From (Mo./Yr.) to (Mo./Yr.) Title Name of Supervisor Telephone Number Starting Base Pay **Description of Duties** Final Base Pay Reason for leaving May we contact this employer? NO **Employer Name** Address State Zip Code From (Mo./Yr.) to (Mo./Yr.) Title Name of Supervisor Telephone Number Starting Base Pay **Description of Duties** Final Base Pay Reason for leaving May we contact this employer? YES NO

		ADDITIONAL CL	/III C				
		ADDITIONAL SI	(IIT2				
If you are applying for a clerical position, please indicate your skills:							
Typing: WPM	10-Key	Windows	Microsoft Office	Tyler Software			
Other computer Skills a	and/or other Office Eq	uipment you are efficient in.	,				
List any other skills y	ou have, that perta	in to the job you are app	lying for.				

DATE:

NAME:

Notice to Applicants: Cibola County complies with the American Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

Applicant's Statement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give Cibola County permission to contact schools, previous employers, references, and others, and hereby release Cibola County from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in the application may remove me from further consideration for employment. In addition, if employed, any misrepresentation or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand Cibola County conducts business with the highest degree of safety and efficiency. Because of this, I may be required to undergo blood or urinalysis screening for drug or alcohol use as part of a preplacement physical examination. In addition, if I am hired I may be subject to random blood tests and/or urinalysis screening for drug or alcohol abuse.

Signature	Date	

PLEASE DO NOT FILL IN SHADED AREA							
PERSONAL DATA TO BE COMPLETED AFTER HIRE							
NOTIFY IN CASE	OF EMERGENCY	ADD	PHONE NUMBER				
BIRTHDATE	SEX	MARITAL STATUS	DEPENDENTS				
	HIRING INFORMATION						
EMPLOYEE#	POSITION TITLE	POSITION # BASE PAY START DATE					
DEPAR	RTMENT	HIRING AUTHORITY SIGNATURE					
ELECTED DEPARTMENT HEAD OR COUNTY MANAGER							

Cibola County is an equal opportunity employer. Cibola County adheres to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, or marital status. Cibola County assures you that your opportunity for employment depends solely upon your qualifications.