



**CIBOLA  
COUNTY**  
NEW MEXICO

**515 West High Street  
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.

<b>PERSONAL</b>				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you previously applied with Cibola County? If "YES", When? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position you are applying for			Date you will be available to start work?	
Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver's License #	State where valid license was issued?	Has your license ever been revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? <input type="checkbox"/> YES <input type="checkbox"/> NO				

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



<b>EDUCATION</b>				
SCHOOL	NAME AND ADDRESS OF SCHOOL	LAST YEAR COMPLETED	GRADUATE	LIST DEGREE OR DIPLOMA
<b>HIGH SCHOOL</b>		1    2    3    4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE</b>		1    2    3    4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER (Specify)</b>		1    2    3    4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>MILITARY</b>				
Were you ever in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dates From _____ To _____	Branch of Service	Date of Discharge	Type of Discharge
Present Status (Classification/Reserve Status)				

<b>REFERENCES</b>			
List three people whom you may have known for at least one year. These may be employment, professional, and/or academic references other than your relatives. PLEASE COMPLETE ALL INFORMATION FOR EACH. Phone numbers provided should be for use during business hours.			
NAME	YEARS KNOWN	ADDRESS (CITY, STATE, ZIP)	TELEPHONE NUMBER
Permission granted to contact the above references? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Do you have any RELATIVES working for Cibola County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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.

Employer Name	Address	State	Zip Code	From (Mo./Yr.) to (Mo./Yr.)
Name of Supervisor	Title	Telephone Number		Starting Base Pay
Description of Duties				Final Base Pay
				Reason for leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer Name	Address	State	Zip Code	From (Mo./Yr.) to (Mo./Yr.)
Name of Supervisor	Title	Telephone Number		Starting Base Pay
Description of Duties				Final Base Pay
				Reason for leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer Name	Address	State	Zip Code	From (Mo./Yr.) to (Mo./Yr.)
Name of Supervisor	Title	Telephone Number		Starting Base Pay
Description of Duties				Final Base Pay
				Reason for leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				



**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 pre-placement 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 \_\_\_\_\_

<b>PLEASE DO NOT FILL IN SHADED AREA</b>				
<b>PERSONAL DATA TO BE COMPLETED AFTER HIRE</b>				
NOTIFY IN CASE OF EMERGENCY		ADDRESS		PHONE NUMBER
BIRTHDATE	SEX	MARITAL STATUS	NUMBER OF DEPENDENTS	
<b>HIRING INFORMATION</b>				
EMPLOYEE #	POSITION TITLE	POSITION #	BASE PAY	START DATE
DEPARTMENT		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.**