

LEA COUNTY EMPLOYMENT APPLICATION



**Lea County Personnel Department
Lea County Courthouse
100 North Main, Suite 4
Lovington, New Mexico 88260**

**(505) 396-8605
FAX (505) 396-1078**

**Visit Lea County's web site at:
www.leacounty.net**

APPLYING FOR WORK WITH LEA COUNTY GOVERNMENT

Please read these instructions before you complete your application.

- 1. We accept applications ONLY when we have a posted/advertised vacancy. To find out which jobs are available and posted/advertised:
 - a. Check local newspapers' classified sections.**
 - b. Look at the job postings on the first or fourth floors of the Courthouse.**
 - c. Check our website: www.leacounty.net****
- 2. You may obtain an application by:
 - a. Picking one up in Personnel at the Courthouse.**
 - b. Visiting the New Mexico Department of Labor in Hobbs.**
 - c. Downloading one from our website****
- 3. Complete the entire Lea County employment application. Stating "please see resume" in place of filling out the application is not acceptable. Copies are accepted as long as the signature and date are original. Faxed and e-mailed applications are accepted if complete and legible.**
- 4. Make sure to state what position you are applying for. Stating "position advertised" or "any available" may result in confusion.**
- 5. You may attach a resume to the application, but resumes are not accepted in lieu of completing the application.**
- 6. We request that you fill out the voluntary Confidential Applicant Profile. It is for statistical purposes only and will not be submitted to the hiring department with the application.**
- 7. Answering "yes" to the question regarding criminal conviction does not automatically eliminate you from consideration. Time since conviction, nature of the offense, truthfulness, and position applied for will be taken into consideration.**
- 8. Complete applications should be submitted to Personnel, not to the hiring department.**
- 9. Hiring departments do not personally interview each applicant. You will receive a letter of acknowledgement from Personnel as quickly as possible after submitting your application. If you are selected for an interview, you will be contacted by the hiring department. If you are interviewed, but not selected for a position, every attempt will be made to inform you by letter.**

Lea County considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Lea County maintains a drug and alcohol free workplace. Applicants may be subject to testing depending on position applied for.

(PLEASE PRINT)

Positions(s) Applied For:	Date of Application:
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Name of Applicant: Full Name (Last, First, Middle Initial)

Mailing Address: (Street, City, State, Zip Code)

_____ Home Phone Number	_____ Business Phone Number	_____ Other Contact Number
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1. Are you legally entitled to work in the United States? Yes No
Proof of eligibility will be required upon employment.
2. Are you at least 18 years of age? Yes No
3. Have you ever filed an application with us before? Yes No
If yes, give date. _____
4. Have you ever worked for us before? Yes No
If yes, give dates and position(s): _____

5. On what date are you available for work? _____
6. Do you have any relatives currently working for Lea County Government?
If so, please list name(s) and department(s).

EDUCATION

	Name and Address of School	Course of Study	No. Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
OTHER (Specify)				

Describe any specialized training, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

Do you have a commercial driver's license? YES NO

If YES, please list license number and state that issued it:

EMPLOYMENT HISTORY

List present or most recent positions first. List all adult employment.

DO NOT WRITE: "See Resume"

Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

ADDENDUM TO EMPLOYMENT HISTORY

You may copy and attach several pages if necessary.

Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

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Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

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Name of Employer

Employer Address/City/State

Employer Phone Number w/Area Code

Your Position

Beginning Salary

Ending Salary

Start Date
mm/dd/yy

End Date
mm/dd/yy

Hours Worked
Per Week

Reason for Leaving: _____

Name of Immediate Supervisor

Title

Describe Your Duties Below:

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ADDITIONAL INFORMATION:

1. Have you ever been convicted of a felony? Yes No
If YES, please give details.

2. Do you have a valid driver's license? Yes No

If so, please list license number and state where issued: _____

3. Are you currently employed? Yes No

4. May we contact you at work? Yes No

5. If NO, what is the best time to contact you at home? _____

PERSONAL REFERENCES:

Please list three references other than previous employers, supervisors or relatives.

Name	Address	Phone
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CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Please read carefully before signing.

Your signature must appear below for your application to be considered.

I hereby certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and all information supplied by me in this application are correct.

I authorize investigation of all statements and information contained in this application for employment as may be necessary to reach an employment decision. I understand that omissions, misrepresentations of the truth, false or misleading information may be cause for rejection of my application or, in the event I have been hired prior to such issues being discovered, discharge from employment with Lea County.

I consent to any criminal background, driving record, employment history investigations and/or reference checks required by the position for which I am applying.

I hereby authorize any of my current and/or former employers, schools, or other persons to furnish Lea County any information they may have concerning my employment, educational history, and fitness for employment, and I release Lea County and all providers of information from any liability as a result of furnishing and receiving this information.

Applicant Signature

Date

CONFIDENTIAL

LEA COUNTY APPLICANT PROFILE

This page will be used only for statistical purposes in complying with the record keeping requirements of the Federal Government and to assure equal employment opportunity in the County's hiring practices.

This profile will be filed separately from your application and the information contained will not be used in determining eligibility for employment. Participation is voluntary, but encouraged.

Thank you for your interest in Lea County Government. *Lea County is an equal opportunity employer.*

Position(s) applied for: _____.

Today's Date: _____.

Name: _____ Date of Birth: _____.

Address: _____.

STREET / P.O. BOX

CITY

STATE

ZIP

1. Are you a veteran? YES NO

If so, what branch and when? _____.

2. Are you Male or Female? _____.

3. What is your ethnic background? (*Please check only one*)

White

African-American

Hispanic

American Indian or Alaskan Native

Asian or Pacific Islander

Other (*Please explain*) _____.

4. How did you learn about this job? (*Please check only one*)

Newspaper

Walk in

Referral by current/past employee

Telephone inquiry

Radio/TV

Internet / Website

Other (*Please explain*) _____.

5. Do you consider yourself or do others consider you to be handicapped or disabled? YES NO

If yes, please explain handicap or disability: _____.

_____.

6. Do you have an physical limitations that without reasonable accommodations could affect your ability to successfully perform the job for which you are applying? YES NO

If yes, please explain below: _____.

_____.

DATE

INJURY

EMPLOYER

DOCTOR
