

APPLYING FOR WORK WITH EDDY 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 second floor of ECAC.
 - c. Check with the Department of Labor.
 - d. Check our website: www.co.eddy.nm.us

2. You may obtain an application by:
 - a. Picking one up in Human Resources at ECAC.
 - b. Visiting the New Mexico Department of Labor in Carlsbad or Artesia.
 - c. Downloading one from our website

3. Complete the entire Eddy 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 and/or disqualification from consideration. A separate application and job specification form are required for every position. Copies are accepted as long as the signature and date are original.

5. You may attach a resume to the application, but resumes are not accepted in lieu of completing the application.

6. The “Release of Information Waiver” must be completed and notarized before we can process your application.

7. 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 or in any way used during the consideration of your application. It will be filed separate and apart from your application.

8. 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.
9. Complete applications should be submitted only to the Human Resources Department or the Department of Labor Workforce Development Center.
10. Hiring departments do not personally interview each applicant. All applicants not selected for interview are notified by letter to the address listed on the application. If you are selected for an interview, you will be contacted by the hiring department or Human Resources. If you are interviewed, but not selected for a position, you will be notified by letter.

NAME _____ SS# _____

POSITION _____

COUNTY OF EDDY
STATE OF NEW MEXICO

EMPLOYMENT APPLICATION

The county will adhere to all federal and state laws governing the provisions of equal opportunity to both employees and prospective employees. Our policy is to hire, promote, develop and compensate individuals without regard to race, color, religion, sex, age, national origin, physical or mental handicap, or their status as a veteran of the Vietnam Era. You must be able to supply evidence of work authorization and identification if an offer of employment is made to you.

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D

PERSONAL DATA (Please Print)				
FULL NAME:	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	PHONE NUMBER AREA/NO
LAST				
PRESENT ADDRESS: Number		Street or RFD	City	State Zip Code
Do you meet this state's minimum legal age requirements for employment?			If any doubt exists concerning minimum age, you may be required to provide proof of age.	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
MISCELLANEOUS				
POSITION APPLIED FOR			DATE AVAILABLE	
Describe your immediate career objectives: (Describe the position and responsibilities you hope to attain through the move you are considering):				
Describe your long-range career objectives: (Describe the position and the responsibilities you hope to hold in the next 5 years).				
List membership in any trade or professional organizations of which you are a member.				
Have you previously been employed by Eddy County, State of New Mexico? If yes, give dates.				
Are you related to anyone who is employed with Eddy County? If so, who?				
Are you presently employed on a part-time basis		Yes _____ No _____	Comments:	
Will you work shift work, weekends and overtime?		Yes _____ No _____	Comments:	
Do you have any outside business interests		Yes _____ No _____	Comments:	
Have you ever been convicted of a felony?		Yes _____ No _____	Comments:	
List any other name(s) under which you have previously worked:				
How were you referred?				

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSES MAJORED IN	CIRCLE YEARS COMPLETED	DID YOU GRADUATE? <small>(YES OR NO)</small>	DEGREE RECEIVED
HIGH SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
COLLEGE			1 2 3 4		
GRADUATE SCHOOL			1 2 3 4		

OTHER TRAINING OR SKILLS

OTHER SCHOOLS OR TRAINING (FOR EXAMPLE: TRADE, VOCATIONAL, ARMED FORCES OR BUSINESS). GIVE FOR EACH: THE NAME AND LOCATION OF SCHOOL, DATES ATTENDED, SUBJECTS STUDIED, CERTIFICATES AND OTHER PERTINENT DATA. OTHER SKILLS (FOR EXAMPLE: SHORTHAND OR WORD PROCESSING). GIVE SPEED AND OTHER PERTINENT DATA.

TYPE OF TRAINING	NAME AND LOCATION OF TRAINING FACILITY	LENGTH OF TRAINING	DID YOU COMPLETE COURSE OF TRAINING

Other Pertinent Data Regarding Training:

EMPLOYMENT HISTORY <small>Begin with Present or Last Job</small>	May We Contact:	Your Present Employer	Yes ___	No ___
		Your Prior Employers	Yes ___	No ___

JOB TITLE	EMPLOYED FROM	MO/YEAR	TO	MO/YEAR	EARNINGS BEGINNING	ENDING
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FIRM NAME	ADDRESS	PHONE #
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DUTIES	KIND OF BUSINESS
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IMMEDIATE SUPERVISOR	NAME	TITLE	REASON FOR LEAVING
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JOB TITLE	EMPLOYED FROM	MO/YEAR	TO	MO/YEAR	EARNINGS BEGINNING	ENDING
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FIRM NAME	ADDRESS	PHONE #
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DUTIES	KIND OF BUSINESS
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IMMEDIATE SUPERVISOR	NAME	TITLE	REASON FOR LEAVING
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EMPLOYMENT HISTORY (continued)			
JOB TITLE	EMPLOYED FROM	MO/YEAR TO	EARNINGS BEGINNING TO ENDING
FIRM NAME	ADDRESS		PHONE #
DUTIES		KIND OF BUSINESS	
IMMEDIATE SUPERVISOR	NAME	TITLE	REASON FOR LEAVING
JOB TITLE	EMPLOYED FROM	MO/YEAR TO	EARNINGS BEGINNING TO ENDING
FIRM NAME	ADDRESS		PHONE #
DUTIES		KIND OF BUSINESS	
IMMEDIATE SUPERVISOR	NAME	TITLE	REASON FOR LEAVING
REFERENCES			
Give name, address and telephone number of three references who are not related to you and are not previous employers			
1.			
2.			
3.			

NOTICE

I (applicant) in making application for a position, understand and agree:

- (1) That any misrepresentations made by me in this application will be sufficient cause not to hire or cause to terminate my employment;
- (2) That as a condition of employment I am to be governed by all county ordinances, resolutions, rules, policies, and procedures;
- (3) That refusal to submit to search by proper security personnel of my person or property while on county premises is grounds for discharge; and
- (4) That as a condition of employment to take and pass a physical examination, a drug/alcohol test to detect the presence of drugs and/or alcohol in my system.

I authorize investigation of all statements made in this application and I expressly agree not to hold the County or any of my prior employers or their personnel liable in any matter whatever for any information they may give.

SIGNATURE OF APPLICANT _____

DATE _____

PLEASE SIGN ONE GIVEN NAME, INITIAL OR INITIALS & SURNAME

COUNTY OF EDDY
101 W. GREENE
CARLSBAD, NM 88220-6219

RELEASE OF INFORMATION WAIVER

I consent and hereby authorize Eddy County, by means of Eddy County Sheriff's Department, the police departments or other entity/person who is suitable to and chosen by the County, to investigate my past and present work, character, credit record, former employment, and police records to ascertain any and all information which may concern my suitability for employment with Eddy County.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I direct you to release such information upon request of the duly accredited representative of the County of Eddy regardless of any agreement I may have made with you previously to the contrary. The release of any and all information is authorized whether same is of record or not and I do, hereby, release all persons, firms, agencies, companies or groups, whomsoever, from any damages because of, or resulting from, furnishing such information to the Eddy County Sheriff's Department, the Eddy County Human Resources Department, the County government, and its employees from any damages or claims which may otherwise result from use or release of such information.

Applicant, Printed

Date

Signature

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PLACE OF BIRTH - CITY _____ STATE _____

DRIVER'S LICENSE # _____ STATE _____

OTHER LAST NAMES USED _____

State of New Mexico
County of Eddy

In witness hereof, I acknowledge that the above and foregoing document was signed before me this _____ day
of _____, 20_____.

My commission expires:

NOTARY PUBLIC

CONFIDENTIAL

EDDY 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 Eddy County Government.

Eddy County is an equal opportunity employer.

Position 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? (Circle one)

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 any 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