



# APPLICATION FOR EMPLOYMENT

CITY OF LOVINGTON  
214 SOUTH LOVE STREET  
LOVINGTON, NM 88260

OFFICE: (575) 396-2884  
FAX: (575) 396-6328  
www.lovington.org

**PLEASE NOTE: You may submit a resume, but a resume IS NOT a substitute for this application.  
Incomplete and unsigned applications will not be processed.**

**Name on Application Must Match the Name on Your Social Security Card**

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_

May We Contact You at Work?  YES  NO Work Number: \_\_\_\_\_ Best Time: \_\_\_\_\_

If You Are Under the Age of 18, Can You Furnish a Work Permit?  YES  NO

Have You Ever Been Employed by the City of Lovington?  YES  NO

If YES, give dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DEPT: \_\_\_\_\_

Are You Related to Any City of Lovington Employee or Elected City of Lovington Official?  YES  NO

If YES, who and what is the relationship? \_\_\_\_\_

Are You Legally Eligible for Employment in the United States?  YES  NO

*(Proof of U.S. Citizenship or Immigration Status will be Required Upon Employment)*

Date Available for Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Employment Desired:  Permanent  Term  Temporary  Part-Time

If Required by Employer, Will You Undergo a Pre-employment Physical and Drug Screen?  YES  NO

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ CDL:  YES  NO

How Did You Learn of This Position?  City of Lovington website  Newspaper  Referral Other: \_\_\_\_\_

**The City of Lovington is an Equal Opportunity Employer**

**EMPLOYMENT HISTORY**

*(All related experience and education required for this position must be included in this application to be considered)*

List your last 3 (three) employers, assignments or volunteer activities that would be relevant to this position (starting with the most recent), including any military experience.

Please explain any gaps in employment in the COMMENTS section.

You may submit a resume, but a resume **IS NOT** a substitute for this application form.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize Job Responsibilities: \_\_\_\_\_

May we contact your current place of employment for a reference:  YES  NO  LATER

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize Job Responsibilities: \_\_\_\_\_

May we contact your current place of employment for a reference:  YES  NO  LATER

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize Job Responsibilities: \_\_\_\_\_

May we contact your current place of employment for a reference:  YES  NO  LATER

COMMENTS: \_\_\_\_\_

<b>EDUCATION</b>							
1	2	3	Number of Years Completed	Indicate any Degree or Diploma Earned	Credit Hours	Major	Minor
						(If Applicable)	(If Applicable)

<b>LANGUAGE</b>					
List the language you use, and check the box that describes your skill level.	1	2	Speak	Read	Write

## SKILLS and QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City of Lovington.

TYPING \_\_\_\_\_ WPM      WORD - Version \_\_\_\_\_       BEGINNER     INTERMEDIATE     ADVANCED  
WINDOWS - Version \_\_\_\_\_      EXCEL - Version \_\_\_\_\_       BEGINNER     INTERMEDIATE     ADVANCED  
10 KEY:     BEGINNER     INTERMEDIATE     ADVANCED

OTHER (*Office Equipment, Machinery/Equipment, Tools, Etc*)

## REFERENCES

List 3 (three) school or personal references **NOT RELATED** to you.

NAME	TELEPHONE	YEARS KNOWN
1		
2		
3		

## ADDITIONAL INFORMATION

List professional trade, business, civic associations and any offices held.

*(Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status)*

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

*(Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or protected status)*

## COMMENTS

## ACKNOWLEDGEMENT / AUTHORIZATION

Please Read and Sign the Statements Below

*(Failure to Sign Will Disqualify this Application for Employment Consideration)*

The facts set forth in my application for employment and/or resume are true and complete, to the best of my knowledge.

I understand that if employed, false statements on this application or during my interview(s) shall be considered sufficient cause for dismissal.

I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record.

I agree that the City of Lovington and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me in my application, resume or during my interview(s).

I understand that any offer of employment is contingent upon my successful completion of the pre-employment screening process and satisfactory completion of any post offer pre-employment examinations that may be required and I give consent to the results of any required examinations or screenings to be released by the City of Lovington.

If selected for employment, I agree to comply with the policies, rules, regulations and procedures set forth by the City of Lovington.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DRUG SCREENING ACKNOWLEDGEMENT / AGREEMENT

By my signature below, I \_\_\_\_\_ realize and understand that if considered for employment with the City of Lovington, I will be required to submit to a drug screening test as a condition of hire. The City of Lovington will pay for this drug screening test.

My signature below also serves to acknowledge and agree to the fact that if I receive a conditional offer of employment with the City of Lovington, and accept it, one factor that must be met PRIOR to final offer of employment being made is the successful completion of a drug screening test. Successful completion of a drug screening test is defined as test results showing **no trace** of drugs.

I understand that an unsuccessful completion of a drug screening test means I **will not** be eligible for hire with the City of Lovington.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_