

HELLO!

We are so glad for this opportunity for YOU to become part of the City of Hobbs family! As you begin completing paperwork, there are a few things we wanted to make sure you were aware of....

- 1. If you are not 18, a parent will need to complete the pink highlighted portions of this paperwork. You fill in the yellow highlighted portions!**
- 2. You must use black or blue ink – no pencils or other colors please!**
- 3. Make sure it is fully complete – incomplete applications have the potential to be sent back to you for corrections. This will delay your process.**
- 4. On any question pertaining to having a “driver’s license”, your “permit” is considered a driver’s license. Make sure to fill in your permit information as applicable. If you do not have a permit or driver’s license – put “N/A” in blank.**
- 5. Make sure your MVD release form is NOTARIZED. The Human Resources Department, the Clerk’s Department, or the PRCA Department can all help with this and there is NO CHARGE for it!**

We hope to welcome you to the City shortly! In the meantime, let us know if you have any questions! We are always here to help.

Thank you,

Bethany E Muñiz
City of Hobbs – HR Department
575.3 97.9230



DRUG AND ALCOHOL POLICY APPLICANT'S OVERVIEW FORM

The City of Hobbs has a commitment to a drug-free workplace as a leader in promoting a drug-free work force.

All applicants, upon a conditional offer of employment for regular full or part-time positions and temporary positions, will be required to submit a urine sample for the purpose of a drug screen. A job applicant, who refuses to consent to a drug and alcohol test, fails to report to collection site, or fails (tests positive) for such test will be denied employment for at least two (2) full years.

If a sample is positive, the applicant will be given the opportunity to report any medications that have been recently used to the Medial Review Officer (MRO).

A positive test result will be confirmed by a second test using a gas chromatography/mass spectrometry (GC/MS) test, using a portion of the same sample. Applicants who are disqualified based upon a positive test result will be notified by telephone and in writing by the Human Resources Department. Applicants may appeal the disqualification by submitting a written statement to the Human Resources Department within seventy-two (72) hours from first notification of disqualification, and providing the necessary funds to complete the second (2nd) test. If the second (2nd) test is negative the City will reimburse the applicant.

All employees are subject to the Drug and Alcohol Policy, however; depending upon their position this may include testing under the following conditions: post-vehicle accident, post-incident, reasonable suspicion, random and firearm discharge.

I certify that I have read the above overview of the City of Hobbs Drug and Alcohol Policy and consent to comply with all provisions of the policy.

Printed Name

Social Security Number

Signature

Date

TO BE COMPLETED IF APPLICANT IS UNDER 18 YEARS OF AGE:

I have read the above general description of the City's Drug and Alcohol policy and grant permission for drug and alcohol testing in accordance with City policy.

Signature of Parent or Guardian

Date

CITY OF HOBBS



IT ALL HAPPENS HERESM

BACKGROUND INVESTIGATION Authorization Packet - Seasonal

Applicant - Please complete all yellow highlighted portions of this packet.

Parent/Guardian - Please complete all pink highlighted portions of this packet.

*Please note that an incomplete packet will be returned
for completion and will delay your hiring process.*

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE

Disclosure

City of Hobbs, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” and/or “investigative consumer report” from a “consumer reporting agency”. These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of City of Hobbs, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as City of Hobbs.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

An “investigative consumer report” is a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You are also entitled to a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

If City of Hobbs obtains a “consumer report” or “investigative consumer report” about you, and if City of Hobbs considers any information in the “consumer report” or “investigative consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports”, “investigative consumer reports” and “consumer reporting agencies”.

Please sign and date below to signify receipt of the foregoing disclosure.

Signature Authorization

Date

HR Department

Applicant’s Initials

Parent/Guardian Initials
(If under 18)

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- ❖ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❖ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❖ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❖ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❖ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- ❖ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❖ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❖ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

HR Department

Applicant's Initials

Parent/Guardian Initials
(If under 18)

- ❖ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ❖ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❖ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

The FCRA gives several different federal agencies authority to enforce the FCRA

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT:
CRA’s, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initial “N.A.” appear in or after bank’s name)	Office of Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washing, DC 20219 800-613-6743
Federal Reserve system member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P.O. Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S. B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandra, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Ave., Ste. 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy of Administrator – GIPSA Washington, DC 20250 202-720-7051

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

(If under 18 this section must be completed by both the applicant & parent/legal guardian)

TO WHOM IT MAY CONCERN: I [redacted] am an applicant for a position with the City of Hobbs. The City of Hobbs needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department, (except for information covered by the Americans with Disabilities Act, ("ADA").

I hereby authorize any representative of the City of Hobbs bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Hobbs, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Hobbs to consider in determining my suitability for employment with that City. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have pertained to me, my work background and reputation, my military service records, educational records, 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 hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of City of Hobbs, including its officers, employees, and other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Hobbs regardless of any

HR Department

Applicant's Initials

Parent/Guardian Initials

(If under 18)

agreement I may have made with you previously to the contrary. The Personal Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Hobbs' acceptance and processing of my application for employment, I agree to hold the City of Hobbs, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Hobbs. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Hobbs in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the City of Hobbs as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of twelve (12) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his employer, agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Printed Name

Signature

Parent/Guardian Name (If under 18)

Signature

HR Department

Applicant's Initials

Parent/Guardian Initials
(If under 18)

BACKGROUND CHECK QUESTIONS

Applicant's Legal Name: _____
Last
First
MI

Are you known to schools or reference by another name, please include nicknames and/or any alias you have used.

Yes [] **No** []

In the spaces below, list all cities where you have lived during **the past seven (7) years**, including military addresses, if applicable. **BEGIN WITH YOUR PRESENT CITY.**

FROM	TO	CITY	COUNTY	STATE

Have you ever had a driver's license or permit? **Yes** [] **No** [] **N/A** []

If you check "YES", in the space below list all states where you have been licensed and/or all names you have been licensed under.

NAMES	STATES

Certification

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the City, I must comply with its policies, procedures and directives as a condition of employment. I further understand that no employee or representative of the **City of Hobbs**, other than the City Manager, has the authority to enter into any agreement for employment for any specified period of time.

Applicant's Signature

Date

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Applicant's Initials

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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with CITY OF HOBBS. We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted no their application or resume.

PLEASE READ CAREFULLY

This release and authorization acknowledges that CITY OF HOBBS may now, or at any time while I am employed, conduct a verification of my education, previous employ/work history, contact personal references, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under CITY OF HOBBS employment policies.

I authorize Cutting Edge Background Investigations, LLC and any of its agents, to disclose orally and in writing the results of this verification process to the designed authorized representatives of CITY OF HOBBS.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organization and agencies to provide Cutting Edge with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge CITY OF HOBBS, Cutting Edge, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY

PLEASE PRINT LEGIBLY

Name, typed or printed

Social Security Number

Signature

Date of Birth

Maiden or other names in the last 7 years

Driver's License Number

Address

State (DL#)

Today's Date

City, State, ZIP

© Cutting Edge Background Investigations, LLC

State of New Mexico - Taxation & Revenue Department
MOTOR VEHICLE DIVISION



CONFIDENTIAL RECORDS RELEASE

(Pursuant to Section 66-2-7.1, NMSA 1978)

TYPE OR PRINT PLAINLY (INQUIRIES THAT CANNOT BE READ WILL NOT BE PROCESSED)

Provisions of the New Mexico Motor Vehicle Code make personal information about an individual confidential, and restrict disclosure. This form authorizes the release of Driver or Vehicle information containing personal information to:

- an individual, or an individual's authorized representative; or
- a requestor, if the requestor has obtained the written consent of the individual to whom the information pertains.

Note: For purposes of this Release, the term "personal information" means:

- with respect to **vehicle records**, the driver license number, date of birth, address, city and state.
- with respect to **driver records**, the name, address, city, state, social security number, driver license number, date of birth, height, weight, medical restrictions, image and signature.

REQUESTOR / AUTHORIZED REPRESENTATIVE NAME & ADDRESS

REQUESTOR'S NAME - Company or Individual - (Last, First, MI):

Requestor's SS # or Employer ID #

Mailing Address (Number & Street):

City, State, Zip Code:

PERSON TO WHOM INFORMATION PERTAINS

NAME (Last, First, MI)

Mo./ Day / Yr. of Birth

Mailing Address (Street & Number)

Social Security #

City, State, Zip Code

Telephone #

()

Driver License / ID Card Number (If Applicable)

Vehicle License Plate / Identification Number(s) (If Applicable)

TYPE OF INFORMATION REQUESTED

DRIVER RELATED

- Motor Vehicle Record
- Copies of Citations or Withdrawal Notices
- Copy of License / ID Card Application

Other: _____

VEHICLE RELATED

- Printout of Vehicle Registration / Owner Information
- Copy of Vehicle or Title or MSO
- Copy of Bill of Sale

Other: _____

Provide additional information to accurately and specifically identify the information requested above: _____

Pursuant to the National Driver's Privacy Act, Public Law 103-322, I hereby swear and affirm that this requested release of information is permissible and will be used according to law.

The undersigned takes full responsibility for any violations of this Act.

I authorize the release of my personal information to: Me Authorized Representative Requestor

Signature of Person

to Whom Information Pertains _____ Date _____

If personal information is to be released to anyone other than the individual, this Release must be notarized.



NOTARY: Subscribed and sworn to before me at _____,

this _____ day of _____, 19 ____.

Signed _____

My commission expires: _____

**THIS RELEASE IS
VALID FOR 30 DAYS
FROM DATE OF AUTHORIZATION**

SEAL