



THE CITY OF HOBBS, NEW MEXICO

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES * 200 E BROADWAY * HOBBS, NEW MEXICO 88240 * (575) 397-9230 * FAX (575) 397-9212

PRINT IN DARK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". Do not leave questions blank. Be sure to sign when completed. The City of Hobbs is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, ancestry, religion, age or disability in employment. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of fully completed applications. Unless specifically stated in the job vacancy notice, resumes are not accepted by the City of Hobbs.

LEGAL NAME (Last) (First) (Middle) Social Security No.

MAILING ADDRESS (Street) (City) (State) (Zip)

Phone () Or () Email

Are you known to schools or reference by another name? Yes No If YES, by what name(s)?

Table with 2 columns: LIST (ONLY ONE) EXACT TITLE OF POSITION AND DEPARTMENT FOR WHICH YOU WISH TO APPLY, JOB POSTING NO.

Full-Time Part-Time Summer Temporary Date available for work Expected Salary

Driver's License (if required for position) State Number Expiration Date? CDL Endorsements:

Are you at least 18 years of age? Are you willing to work hours other than 8 a.m. to 5 p.m.? Are you willing to work days other than Monday-Friday? Are you willing to travel? Have you ever been suspended or dismissed from a job?

DID YOU GRADUATE OR ACHIEVE A GED? Yes No

EDUCATION Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

(NOTE: Applicants are required to provide proof of education: i.e., diploma, degree, transcripts, licenses, certifications, registrations.)

Table with 8 columns: Type of School, Name and Locations of School, Dates Attended From To, Semester Hours Completed, Graduated Yes No, Expected/or Graduation Date, Type of Diploma or Degree, Major and/or Minor Field of Study

Table with 5 columns: LICENSE / CERTIFICATION (P.E., Attorney, C.P.A., etc.), Date Issued, Issued by (State or Other Authority), License No., Location of Issuing Authority (City & State)

Legal Name _____
 Last Name First Name Middle Name Social Security Number

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

NOTE: PLEASE LIST YOUR JOB HISTORY beginning with your **CURRENT OR MOST RECENT** position. Include any periods in which you were not employed and explain what you were doing at that time. Use additional sheets if necessary and provide detailed information. Include US Military experience (show rank/rate at discharge), summer/part-time jobs and cooperative education assignments. If you need assistance, please ask. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may request an employment history supplemental page or attach a typed employment history providing the same information in the same format as this application form.

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>			
Starting Date Mo Day Yr		Leaving Date Mo Day Yr		Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor/Managerial <input type="checkbox"/> If Supervisory, number of employees you supervised		Give Average Number of Hours worked per week if part-time		
Summary of experience and duties performed: <hr/> <hr/>											
Explain specific reason for leaving: _____											
Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>			
Starting Date Mo Day Yr		Leaving Date Mo Day Yr		Total Number of Months	Beginning Salary	Current Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisor / Managerial <input type="checkbox"/> If Supervisory, number of employees you Supervised		Give Average Number of Hours worked per week if part-time		
Summary of experience and duties performed: <hr/> <hr/>											
Explain specific reason for leaving: _____											

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 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 Director of Human Resources. 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 a Drug and Alcohol Policy depending upon their jobs, which may include testing under the following conditions: post 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.

Social Security Number

Printed Name

Signature

Date



THE CITY OF
HOBBS, NEW MEXICO

200 EAST BROADWAY * HOBBS, NEW MEXICO 88240
HUMAN RESOURCES DEPARTMENT (575) 397-9230 * FAX (575) 397-9212

Dear Applicant:

The City of Hobbs appreciates your interest in our vacant position. We are excited about receiving more information from you and would like you to complete the enclosed employment application packet. **Please follow all the instructions in the application packet and make sure that the application is fully completed.** Please return completed packet to the Human Resources Department at your earliest convenience.

Required with your application packet:

- * Ensure that you have included **ALL** your job history, use additional pages as necessary (the format **MUST** include all requested information).
- * Picture ID
- * Social Security Card
- * Proof of highest education (diploma, General Educational Development [GED], degree(s) and/or transcript(s)).
- * A DD-214 Member 4 long form (if you have been in the military).
- * NGB Form 22 (if you have been in the National Guard).

Again, thank you for your interest with the City of Hobbs.

Sincerely,

City of Hobbs
Human Resources Department
200 E. Broadway
Hobbs, NM 88240
(575) 397-9230
personnel@hobbsnm.org

City of Hobbs Employee* Benefits

- 25 Year Retirement – General Employees
(9.15% employee / 9.15% employer)
- 20 Year Retirement – Police and Fire
(Police 13.30% employee / 21.50% employer)
(Fire 16.20% employee / 21.25% employer)
- Annual Leave
- Sick Leave
- 11 Paid Holidays
- Comprehensive Medical, Prescription, and Dental Plan
- Voluntary Vision Insurance Plan
- \$20,000 Life Insurance
- Supplemental Life Plan
- Annual Performance Merit Review
- Bereavement Leave
- Direct Deposit
- Jury Leave
- Military Leave
- Optional Deferred Compensation Plan (Section 457B)
- Pre-Tax Premium Plan (Section 125)
- Sick Leave Conversion
- Workers Compensation

*Regular Employees

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Summary of experience and duties performed:

Explain specific reason for leaving: _____

Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No. ()					Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. ()		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>		
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Summary of experience and duties performed:

Explain specific reason for leaving: _____

Special Skills / Qualifications: List **ALL** special skills you possess and machines or equipment you can use, such as calculators, printing or graphics, computer equipment, types of software and hardware, backhoe, grader, forklift, welder, eighteen wheeler, etc.

Approximate Words Per Minute in Typing (Keyboard) Skills _____ (If required for this position)

What language (s) do you speak _____

How fluently? Fair Good Excellent

Are you a certified interpreter? Yes No

Have you ever been employed by the **City of Hobbs**? Yes No If Yes, list the departments and dates of employment.

Do you have any relatives working for the **City of Hobbs**? Yes No If yes, list the names, relationships, and department where employed.

REFERENCES: Please provide names, addresses and phone numbers of **three** references **NOT** related to you (exclude employers) in order to be considered for employment.

Name	Address	City / State	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. 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.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I, the undersigned, authorize any and all of my present and past employers, law enforcement agencies, courts and motor vehicle departments to disclose information regarding my character, integrity, reputation, work performance and job duties to the **City of Hobbs**.
4. I understand that the **City of Hobbs** will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the **City of Hobbs**.
5. It is the policy of the **City of Hobbs** that applicants given a Conditional Offer of Employment take a drug test to show they are substance free. In order to protect the safety of the workers and the public, any applicant who refuses to take such test and/or whose test shows illegal drug use will not be employed by the **City of Hobbs**.
6. **Compensatory Time Provision:** The Fair Labor Standards Act permits public employers to compensate employee's overtime hours in the form of time off. Hours which are not comped in the same work week will accrue on the basis of time and one-half. Other compensatory provisions apply to public safety personnel in accordance with Section 207 (k) of the FLSA.

THIS APPLICATION MUST BE SIGNED

Sign Here ➤ _____

Applicant's Signature

Date

CITY OF HOBBS HR DEPARTMENT USE ONLY (Box)