



MORA COUNTY
EMPLOYMENT
APPLICATION

P.O. BOX 580
MORA, NEW MEXICO 87732
(575)387-5279
FAX (575)387-9022

APPLICANT INSTRUCTIONS

- 1. Please Read "APPLICANT NOTE".
2. Complete both sides of this form.
3. If more space is needed to complete any questions, use comment section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE:
NAME: Last First Middle
SOCIAL SECURITY NUMBER:
HOME PHONE: WORK PHONE:
CURRENT ADDRESS: Street City State Zip
PRIOR ADDRESS:
CONTACT IN EMERGENCY: Name Phone

APPLICATION NOTE: This application form is intended for the use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of non-job related disabilities: and such information may be omitted from this form. A felony conviction will not necessarily bar an applicant from employment and affirmative action hiring of disabled Vietnam-era veterans, minorities and women may be requested by qualified applicants. Additional testing of job-related skills, mental/physical conditions and for the presence of drug in your body may be required prior to employment.

AVAILABILITY For which position are you applying?
What date can you start?

Education Please circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Table with 4 columns: NAME, CITY/STATE, DATES, GRADUATE. Rows include HIGH SCHOOL, COLLEGE, OTHER.

EXPERIENCE Please list most recent employer first.

Table with 3 columns for employer information: MOST RECENT EMPLOYER, STREET ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, SUPERVISOR NAME, MAY BE CONTACTED?, DATE EMPLOYED, SALARY/PAYRATE, POSITIONS/DUTIES, REASON FOR LEAVING.

JOB-RELATED SKILLS Are you fluent in other languages? If so, which ones?

Educational License No: Driver's License No:
Level of License: State of Issue:
Type of License: Restrictions:
Please list any other skills, license or certificates that are job related:

SECURITY

List States and Countries of residence for the past seven years.

Yes No

Have you used any names or Social Security Numbers other than those on page one?

If so, please list:

HEALTH & SAFETY

_____ If the line to the left has been initialed by the employer, do not fill out this section.

Yes No

Have you had any job-related illness or injury? If so, please describe below.

INCIDENT	CITY/STATE	EMPLOYER	DETAIL (INCLUDE BODY PART, SEVERITY, ETC.)

LIST COMMENTS SECTION TO FURTHER DESCRIBE ANY OF THE FOLLOWING RECEIVING A YES

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

COMMENTS

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

CERTIFICATE AND RELEASE

I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations or facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus; to verify any information including, but not limited to motor vehicle driving records: I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
-----------	------

FOR OFFICE USE ONLY

Background information requested

Interviewer comments:

- 1. Former Employers _____
- 2. References _____
- 3 Workers compensation _____ Date _____ Req. # _____
- 4. MVR (Driving record) _____ Date _____ Req. # _____
- 5. Criminal History _____ Date _____ Req. # _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER