



## CITY OF HOBBS ADVISORY BOARD APPLICATION

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Notice: Pursuant to ordinance, all City of Hobbs Advisory Board members must be residents within the municipal boundaries of the City of Hobbs.

Name of Advisory Board Applying For: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

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Please list your qualifications for this position or attach a resume:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other information you would like considered:

\_\_\_\_\_  
\_\_\_\_\_

Please list three (3) references:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**Return Completed Form To:**  
**Mayor's Office**  
**300 North Turner**  
**Hobbs, NM 88240**  
**(505) 391-7890**