



This Organization Participates in



<http://e-verify.gov>

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you is: _____: _____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date ____/____/____

Have you ever been employed with us before? Yes No
 If Yes, give date ____/____/____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contract your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Are you available to work Full Time, including Over Time? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. *Note: If you need additional space please use a separate sheet of paper.*

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
5	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
6	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
7	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Machinery Experience (list)

1.

8.

2.

9.

3.

10.

4.

11.

5.

12.

6.

13.

7.

14.

Do you have a valid New Mexico
drivers license?

Yes

No

Driver License # _____

Endorsements _____

Date of Birth ____ / ____ / ____

CDL: Class _____

References

1. _____ (Name) (____) _____ Phone # _____

2. _____ (Name) (____) _____ Phone # _____

3. _____ (Name) (____) _____ Phone # _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Hired Yes No Date of Employment ____/____/____

Job Title _____ Hourly Rate / Salary _____