

P.O. Box 91601 Albuquerque, NM 87199-1808 / Office 505-366-3721

## **APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, ancestry, physical or mental handicap, serious medical condition, sexual orientation, gender identity or any other protected class status.

Name				Date	
				Date	
Address	street	city	state	zip	
Telephone number		Are you over 18 y	rears old?  Yes	No	
Are you authorized to v	work in the U.S. on an u	nrestricted basis?   Ye	s 🗆 No		
Have you worked here	before? ☐ Yes ☐ N	No			
Have you been told the functions of the job?		ne job or have you been sl	nown a copy of the job	description listing t	he essential
Can you perform these	essential functions with	or without reasonable ac	commodation?   Yes	s 🗆 No	
Are you willing to wor	k overtime as required?	☐ Yes ☐ No			
	ployer's discretion) If ye	Yes No (Convictions, describe conditions:  ATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School			DO NOT COMPLETE	DO NOT COMPLETE SHADED AREAS	
College/Univ.					
College/Univ.					
Other Training/Educa	ution				
In addition to your wor our company?	k history (reverse side),	what other experiences, s	kills or qualifications w	ould especially fit	you for work with
POSITIONS APPLI	ED FOR 1.	2			
	Wage or s	salary desired? \$	_ When can you start?		

WORK HISTORY		May we contact your present employer? $\square$ Yes $\square$ No				
Most Recent Employer			Address	Telephone		
Date Started	Starting Salary: \$ Per		Starting Position			
Date Left	Salary on Leaving: \$	Per	Position on Leaving			
Name and Title	of Supervisor					
Description of Duties			Reason for Leaving			
Previous Emplo	oyer		Address	Telephone		
Date Started	Starting Salary: \$ Per		Starting Position			
Date Left	Salary on Leaving: \$	Per	Position on Leaving			
Name and Title	of Supervisor					
Description of Duties		Reason for Leaving				
Previous Employer		Address	Telephone			
Date Started	Starting Salary: \$ Per		Starting Position			
Date Left	Salary on Leaving: \$	Per	Position on Leaving			
Name and Title	of Supervisor					
Description of Duties			Reason for Leaving			
Previous Emplo	pyer		Address	Telephone		
Date Started	Starting Salary: \$ Per		Starting Position			
Date Left	Salary on Leaving: \$	Per	Position on Leaving			
Name and Title	of Supervisor					
Description of Duties		Reason for Leaving				
that if I am emplan investigation of I understand that regarding medica	facts set forth in this Appli oyed, false statements, om of any of the facts set forth the employer may give m al condition and history an	cation for Esissions or main this apple e a condition d any inform	certification and agreement mployment are true and complete to the besis representations may result in my dismissication.  The properties of the properties	est of my knowledge. I understand sal. I authorize the Company to make quired to furnish information nt physical impairment. I further		
Date	Date Applicant's Signature					