



## APPLICATION FOR EMPLOYMENT

2700 Farmington Ave Bldg F Ste 1  
Farmington, NM 87401  
Telephone: (505) 326-7878

### PERSONAL INFORMATION

---

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Present Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Do you have a valid Drivers License? \_\_\_\_\_ In what state? \_\_\_\_\_

### GENERAL INFORMATION

---

Have you ever been convicted of a Crime? If "yes" please describe

Can you work legally in the United States?

(If hired, documentation showing eligibility for employment in the United States and identity will be required.)

When would you be available to start work?

Desired Salary? \_\_\_\_\_

Can you work:

Evenings	Yes _____	No _____
Weekends	Yes _____	No _____
Graveyard	Yes _____	No _____

May we contact your present employer about your work?

List any other name under which you have been employed:

Are you related to anyone employed by our agency?

---

Name

Relationship

### EMERGENCY CONTACT:

---

Name

Address

Phone

**EDUCATION**

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High School					
College					
College					
Other Specify					

**MILITARY SERVICE RECORD**

Have you served in the U.S. Military Service?

If yes, list skills acquired, including special training:

**EMPLOYMENT EXPERIENCE AND SPECIAL SKILLS**

Include all employment you have had for the past 3 years beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

**A separate sheet explaining any gaps in employment that lasted 6 months or more must be attached, if applicable.**

**1**

Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title		
Supervisor:		
Reason for Leaving:		

**2**

Employer:	From Month/Year	To Month/Year
-----------	-----------------	---------------

Street Address:	Work Performed:
City:	
State:	
Phone Number of Employer:	
Job Title	
Supervisor:	
Reason for Leaving:	

3

Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title:		
Supervisor:		
Reason for Leaving:		

4

Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title:		
Supervisor:		
Reason for Leaving:		

Licenses or Certifications held that are relevant to position applied for:

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application. Be specific.

**REFERENCES- All references listed should be professional references**

Please include the names and contact information for people who are familiar with your work ethic and character i.e. previous employers, supervisors, co-workers. If you cannot give four professional references, personal references will be accepted.

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

**AGREEMENT AND CONSENT**

- 1. I certify that these answers are true and correct to the best of my knowledge.**
- 2. I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.** I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with Desert View if I have been employed. I agree Desert View will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I hereby authorize Desert View and its agents to investigate my work history, education history and to conduct personal inquiries. Any person or entity providing information or records in accordance with this Agreement and Consent is released from any and all claims or liability for compliance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date