



Employment Application
1400 Sudderth Drive, Ruidoso, NM 88345
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APPLICANT INSTRUCTIONS: If you need help filling out this application in any phase of the process, notify the person who gave it to you and every effort will be made to accommodate your needs in a reasonable amount of time.

Today's Date:	Applicant Name:	Social Security Number:	
Home Phone:	Cell Phone:	Work Phone:	Email:
Current Address: City, State, Zip			
Permanent Address: City, State, Zip			

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the completion of this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin, or the presence of a disability. A criminal conviction will not necessarily bar an applicant from employment. Individual testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review including completion of a medical case history and an examination by a medical professional designated by the District.

AVAILABILITY

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

EDUCATION

Please circle the highest grade completed. 8 9 10 11 12 13 14 15 16 16+

Name	Location: City / State	Dates	Graduate?
High School:			
College:			
Other:			

SECURITY

List states and counties of residence for the past three years:

Yes__ No__ Have you used any names or social security numbers other than those on this page? If yes, list on back.

Yes__ No__ Have you been convicted of a felony or served time in the past seven years? If yes, please describe.

Incident	City / State	Charge

JOB RELATED SKILLS (Do not fill out any part of this section you believe to be non-job related.)

List languages in which you are fluent: _____

Yes__ No__ If the job requires, do you have the appropriate valid drivers license?

DL#: _____ Type: _____ State of Issue: _____

Yes__ No__ Have you had any moving violations? Please describe: _____

Please list any other skills, licenses or certificates that may be job related: _____

Yes__ No__ Have you been given a job description or had the requirements of the job explained to you?

Yes__ No__ Do you understand the requirements?

Yes__ No__ Can you perform the requirements of this job with or without accommodations?

Agency Use Only Received by: _____ Date: _____ Time: _____
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Region IX does not discriminate on the basis of race, color, national origin, religion, age, maternal status or handicap/disability in employment practices or the provision of services.

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered.

Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers is critical.*

Most Recent Employer Are you currently working for this employer? Yes__ No__ If yes, may we contact? Yes__ No__

Company Name	City	State	Phone #
From	To		
Dates Employed	Job Title	Supervisor's Name	
Duties			
Salary	Hour/Week/Month	Reason for Leaving	

Second Most Recent Employer

Company Name	City	State	Phone #
From	To		
Dates Employed	Job Title	Supervisor's Name	
Duties			
Salary	Hour/Week/Month	Reason for Leaving	

Third Most Recent Employer

Company Name	City	State	Phone #
From	To		
Dates Employed	Job Title	Supervisor's Name	
Duties			
Salary	Hour/Week/Month	Reason for Leaving	

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

Name	Address / Phone	Years Known / Relationship
1.		
2.		

Comments: _____

Certification and Release:

I certify that I have read and understand the applicant note on page 1 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 of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the District, including information services bureau, to verify any of this information, including but not limited to criminal history and 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 damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

Applicant's Signature (in the presence of a notary) _____ Date _____

On this ____ day of _____, 20____, _____ personally appeared before me and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

Notary Public, State of _____, County of _____

Notary Signature _____ Commission Expires _____