



**Employment Application**  
 143 El Paso Rd, Ruidoso, NM 88345  
 PH: (575) 257-2368 FAX: (575) 257-2141 EMAIL: judy.jones@regionix.org

**Applicant Instructions:** If you need help to fill out this application form in any phase of the employment process, notify the person that gives you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

TODAY'S DATE:	APPLICANT NAME:		
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 race, color, religion, sex (including pregnancy, gender identify, and sexual orientation, national origin, age (40 or older), disability or genetic information in employment practices or the provision of services.

**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, please list below.

\_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

*Region IX does not discriminate on the basis of race, color, national origin, ancestry, sex, religion, age, handicap/disability, serious medical condition, equal compensation, genetic information, pregnancy, sexual orientation, gender identity, veteran status, marital status, or spousal affiliation 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 are critical.

<b>Most Recent Employer</b>		Yes__ No__	Are you currently working for this employer?	Yes__ No__	If yes, may we contact?
Company Name	City		State	Phone #	
From	To	Dates Employed		Job Title	Supervisor's Name
Duties					
Reason for Leaving					

<b>Second Most Recent Employer</b>					
Company Name	City		State	Phone #	
From	To	Dates Employed		Job Title	Supervisor's Name
Duties					
Reason for Leaving					

<b>Third Most Recent Employer</b>					
Company Name	City		State	Phone #	
From	To	Dates Employed		Job Title	Supervisor's Name
Duties					
Reason for Leaving					

**References** *Include only individuals familiar with your work ability. Do not include relatives.*

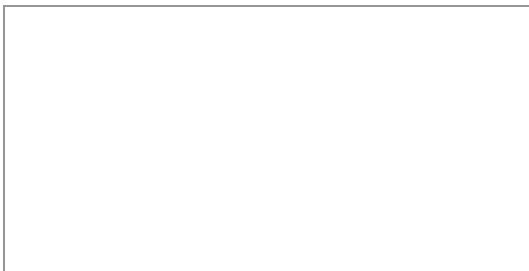
Name	Address / Phone	Years Known / Relationship
1.		
2.		
3.		

**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 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 \_\_\_\_\_ Date \_\_\_\_\_



On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
 Applicant 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 \_\_\_\_\_

Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_