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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Today's DATE _____

DATE OF BIRTH _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ REFERRED BY: _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT, WRITE NAME & DEPARTMENT: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START: _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____, IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

*THIS COMPANY HAS A RANDOM DRUG POLICY, IS THIS A PROBLEM? _____

EDUCATION	NAME and LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____

COLLEGE	_____	_____	_____
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TRADE BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____
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WHAT LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ? _____ WRITE? _____

FORMER EMPLOYERS: (BELOW LIST THREE MOST RECENT PRIOR EMPLOYERS)

DATE: NAME AND PHONE REASON
MONTH AND YEAR OF EMPLOYER ADDRESS SALARY POSITION FOR LEAVING

1.
FROM _____
TO _____

2.
FROM _____
TO _____

3.
FROM _____
TO _____

REFERENCES (BELOW LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME ADDRESS/PHONE NUMBER BUSINESS YRS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY:

NAME _____
ADDRESS _____ PHONE _____

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OMISSION OF FACTS CALLED FOR THIS IS CAUSE FOR DIMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENTS FOR DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY. BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOIS NOTICE.

SIGNATURE _____ DATE _____