

APPLICATION FOR EMPLOYMENT



Applicants are considered for all positions without regard to race, color, religion, creed, sex, national original age, handicap, marital or veteran status or any other legally protected status. Community Action Agency of Southern New Mexico (CAASNM) is an At-Will and Equal Opportunity Employer.

Form will have to be printed after completion and mailed or hand delivered to CAASNM's main office.

Date

Last Name

First Name

Address

Telephone

E-Mail Address

Position Applying For

Can you travel if the job requires it?

Yes

No

Do you have a valid Drivers License?

Yes

No

Do You have any relatives who work for CAASNM?

Yes

No

If yes, who?

Have you ever applied for employment with us?

Yes

No

If yes, give date and position you applied for.

Have you even been employed at CAASNM?

Yes

No

If yes, give date and position previously held.

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you eligible for employment in the United States?

Yes

No

Please provide us with your earliest available start date.

Are you laid-off and subject to recall?

Yes

No

Are you available to work

Full-time

Part-time

Temporary

EDUCATION

What is the highest grade you have completed? (Please include GED)

Name and Location of High School

Course of Study	Number of Years Completed	Degree, Diploma or Certificate
		Yes
		No

Name and Location of College

Course of Study	Number of Years Completed	Degree, Diploma or Certificate
		Yes
		No

Name and Location of Business/Trade/Technical School

Course of Study	Number of Years Completed	Degree, Diploma or Certificate
		Yes
		No

Name and Location of Graduate School

Course of Study	Number of Years Completed	Degree, Diploma or Certificate
		Yes
		No

Work Experience

Start with your present or last employer. DO NOT write "See Resume" in any sections. You may attach a resume to this application. This page must be filled out completely.

Company Name

Address

Telephone

Supervisor

Dates Employed (From-To)

Hourly Rate/Salary (Start-End)

May We Contact This
Employer?

Reason for Leaving

Yes

No

Work Performed

Company Name

Address

Telephone

Supervisor

Dates Employed (From-To)

Hourly Rate/Salary (Start-End)

May We Contact This
Employer?

Reason for Leaving

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Work Performed

Company Name

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Company Name

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Supervisor

Dates Employed (From-To)

Hourly Rate/Salary (Start-End)

May We Contact This
Employer?

Reason for Leaving

Yes

No

Work Performed

Please explain fully any significant gaps in your employment history of your last three positions

Military

Did you serve in the U.S. Armed Forces?

Yes

No

If yes, what Branch

Additional Information: Summarize any job-related skills and qualifications you feel may be helpful in considering your application.

Languages (Fluent Only)

Are you Bilingual?	What language(s) do you speak?	Can you read/write it?
Yes		Yes
No		No

Personal/Professional References- Do not include family members or past supervisors.

Name	E-mail	Phone
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Name	E-mail	Phone
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Name	E-mail	Phone
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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary at arriving at an employment decision. I understand that this application is not, and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge also that I am required to abide by all rules and regulations of the agency.

Print Name

Signature