



70 CR 4980
BLOOMFIELD, NM 87413
505.439.4032

TODAY'S DATE _____
FOR OFFICE USE ONLY:
DATE HIRED/FIRST DAY WORKED _____
EMPLOYEE # _____ PAY RATE _____
POSITION ASSIGNED _____
CIRCLE ALL ELIGIBLE ITEMS: HO IN VA

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLE
MAILING ADDRESS _____ CITY STATE ZIP
ARE YOU 18 YEARS OR OLDER? _____ HOME PHONE # _____ CELL# _____
IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____
WHO REFERRED YOU TO THIS COMPANY? _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____
SPECIAL SKILLS _____

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

NAME & ADDRESS _____

START DATE _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME & ADDRESS _____

START DATE _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME & ADDRESS _____

START DATE _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS ACQUAINTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SERVICE RECORD

BRANCH OF SERVICE _____ DISCHARGE DATE & RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE? _____ DATE OBLIGATION ENDS _____

AUTHORIZATION

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In considerations of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its' President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE _____ SIGNATURE _____