

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address		City	State Zip Code
Telephone Number		Social Security Number	
Date Available for Work	Desired Salary	Days/Hours Available	

Yes No

Are you currently employed?

Are you currently on "lay off" status and subject to recall?

Can you travel if a job requires it?

SPECIALIZED SKILLS

EQUIPMENT	MODEL	YRS OF EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.



*P.O. Box 1836
Clovis, NM 88102
Phone 769-0123*

WORK EXPERIENCE

List your last four employers, beginning with your present employer.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
	Hourly Wage or Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact?		Yes No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
	Hourly Wage or Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact?		Yes No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
	Hourly Wage or Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact?		Yes No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
	Hourly Wage or Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact?		Yes No

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any job-related training in the United States military.

HEALTH

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Do you have any physical, mental or medical impairments that would prevent you from performing the job for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ Yes _____ No

Have you ever been convicted of a crime? _____

If yes, explain _____

PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

<p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment decision.</p> <p>This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period must re-apply.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.</p>
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_____ Signature of Applicant

_____ Date