



APPLICATION FOR EMPLOYMENT

Mid West NM CAP

549 Don Pasqual | Los Lunas, New Mexico 87031

Phone: (505) 866-0466 Fax: (505) 865-1506

E-Mail Address: hr@ourkidzrock.com

Mid West NM CAP is an equal opportunity employer.

Mid West NM CAP utilizes this application to determine if the applicant is qualified, therefore be specific regarding qualifications, and include documents that confer the highest level of education, certifications, and licenses.

PART 1 - PERSONAL INFORMATION - Please answer each section and question fully and accurately.

Date		Position Applied For	
Tell us how you heard of this position <input type="checkbox"/> www.ourkidzrock.com Website <input type="checkbox"/> Publication – Please indicate _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other Website – Please indicate _____ <input type="checkbox"/> Employee Referral – Please indicate name of employee _____			
Last Name		First Name	Middle Name
			Jr., II, etc.
Mailing Address (City, State, and Zip Code)			Email Address
Cell Phone	Home Phone	Alternate Number	

1. Employment Status

Are you currently employed? Yes ☐ No ☐

List dates of employment(s) and position(s) held if you have been employed with Mid West NM CAP?

List any of your relatives working with Mid West NM CAP, provide name and relationship

Are you currently on "lay-off" status and subject to recall? Yes ☐ No ☐

2. Age Requirements *All applicants will be required to furnish proof of identity and legal work authority within 3 business days of hire.*

Can you provide required proof of eligibility to work, if you are under the age of 18? Yes ☐ No ☐

Can you provide written proof that you can legally work in the United States? Yes ☐ No ☐

3. Do you possess a valid driver's license? Yes ☐ No ☐ State _____ License No. _____ Class _____

4. Date available for work:

5. Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary

PART 2 - EDUCATION – List all schools you have attended, beginning with the most recent and working back.**College/University**

Month/Year to Month/Year	Name of School	Major/Course of Study	Degree / Diploma / Credit Units Completed /Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code
Month/Year to Month/Year	Name of School	Major/Course of Study	Degree / Diploma / Credit Units Completed /Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

List any special Awards/Acknowledgements/Academic Achievements

High School

Month/Year to Month/Year	Name of School	Course of Study	Diploma/GED/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

Business/Trade School

Month/Year to Month/Year	Name of School	Course of Study	Certificate/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code
Month/Year to Month/Year	Name of School	Course of Study	Certificate/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

Specialized SkillsAre you computer knowledgeable/experienced? ☐ No ☐ Yes, Rate your computer experience: ☐ Novice ☐ Proficient ☐ Excellent

If "YES" which software/programs can you operate?

☐ MS Word ☐ MS Excel ☐ MS PowerPoint ☐ MS Outlook Mail ☐ MS Access Database☐ Other Programs/Software, list _____Identify which office equipment you can operate? ☐ Fax ☐ Copier ☐ Scanner☐ Other Equipment, list _____**Licensure/Certifications** List the professional license(s), certification(s) or registration(s) you possess

TYPE	State of Issue	Number	Status	Date Issued / Expiration
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	

PART 3 - EMPLOYMENT HISTORY - List your employment history, begin with the present and working back 10 years. The 10-year period must be accounted for without breaks. For periods of unemployment, list dates and “unemployed” or “attending school”. **Include the month and year in dates for each employment activity listed.**

1	Month/Year to Month/Year	Employer Name	Position Title		Salary	
	Employer Street Address		City	State	Zip Code	Phone Number
	Supervisor's Name	Supervisor's Phone Number	Reason you left			
	Briefly describe your job duties					
2	Month/Year to Month/Year	Employer Name	Position Title		Salary	
	Employer Street Address		City	State	Zip Code	Phone Number
	Supervisor's Name	Supervisor's Phone Number	Reason you left			
	Briefly describe your job duties					
3	Month/Year to Month/Year	Employer Name	Position Title		Salary	
	Employer Street Address		City	State	Zip Code	Phone Number
	Supervisor's Name	Supervisor's Phone Number	Reason you left			
	Briefly describe your job duties					
4	Month/Year to Month/Year	Employer Name	Position Title		Salary	
	Employer Street Address		City	State	Zip Code	Phone Number
	Supervisor's Name	Supervisor's Phone Number	Reason you left			
	Briefly describe your job duties					

5	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name		Supervisor's Phone Number	Reason you left	
	Briefly describe your job duties				

6	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name		Supervisor's Phone Number	Reason you left	
	Briefly describe your job duties				

Termination History

During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? Yes ☐ No ☐

If "YES," please provide the date, an explanation of the problem, reason for leaving, and the employer's name and address below:

Military History

Have you served in the US military? Yes ☐ No ☐ If "YES", must provide a copy of your DD214.

Military Discharge Status	Month/Year	Type of Discharge
---------------------------	------------	-------------------

If other than Honorable Discharge, please provide the circumstances, date, and type of discharge below:

PART 4 - REFERENCES List 5 people (3 PROFESSIONAL REFERENCES and 2 PERSONAL REFERENCES) who have known you for at least the last 5 years that can provide information regarding your job performance and suitability for employment.
DO NOT LIST RELATIVES or anyone who is listed elsewhere else on this application.

Professional References

1) Name	Dates Known <i>Month/Year to Month/Year</i>	
Email Address	Phone Number Type <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
2) Name	Dates Known <i>Month/Year to Month/Year</i>	
Email Address	Phone Number Type <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
3) Name	Dates Known <i>Month/Year to Month/Year</i>	
Email Address	Phone Number Type <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	

Personal References

1) Name	Dates Known <i>Month/Year to Month/Year</i>	
Email Address	Phone Number Type <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
2) Name	Dates Known <i>Month/Year to Month/Year</i>	
Email Address	Phone Number Type <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Certification That My Answers are True and Correct

Your signature acknowledges your acceptance of the following:

- I attest that all information represented on this application and/or any attachments, is true and correct to the best of my knowledge. I understand that any falsification, omission, or misrepresentation of information whether in writing or during the interview process is grounds for withdrawal of the offer of employment with Mid West NM CAP, and may result in my dismissal if discovered at a later date.
- I authorize Mid West NM CAP to conduct a routine inquiry into my job history and inquire about applicable information concerning my character, general reputation or any other information that Mid West NM CAP deems necessary for my employment.
- I acknowledge that Federal law prohibits companies from hiring any persons unless valid documents establishing my identity and eligibility to work in the United States is provided. I understand that providing these documents are a condition of employment.
- I agree to submit to a drug/alcohol test conducted at a licensed facility with the test paid for by Mid West NM CAP. I authorize such results to be released to Mid West NM CAP. I understand that passing the test is a condition of employment.
- I understand that prior to formal offer of employment, I will be required to undergo a background check to include criminal records from county, state, and federal courts for the last ten years to include Felony and Misdemeanor convictions, Social Security Number Verification, Motor Vehicle Report History, and may include Credit History depending on the position.
- I understand that this application for employment does not imply a contract for employment between the Mid West NM CAP and myself. I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Mid West NM CAP may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by statements that alter the "at will" nature of employment.
- In the event of employment, I understand that I am required to abide by all Mid West NM CAP policies, rules, regulations, and procedures, including but not limited to: Harassment Policy, Confidentiality Agreement, Standards of Conduct, Substance Abuse and Drug Testing Policy, and Dress & Grooming policy.

Continued on next page

8. I certify that my responses to the questions made in my application for employment are true and correct, that I have received notice that a criminal history records check will be conducted, and is a condition of employment.
9. If selected for a position, I understand that disclosure of criminal background information on the background questionnaire will not necessarily disqualify me from employment.
10. I understand my right to obtain a copy of any criminal history report made available to Mid West NM CAP and my rights to challenge the accuracy and completeness of any information contained in the report.
11. An email submission of this application without signature implies the applicant acknowledges and accepts items 1 through 11 of this certification and all answers contained in this application are true and correct.

Print Name

Signature

Date

DO NOT WRITE BELOW - THIS BOX IS FOR HR PERSONNEL ONLY

BACKGROUND CHECK – Human Resources will identify applicant's clearance level needed once selected for the position.

Reports Needed	YES	NO
Driver's License Report	<input type="checkbox"/>	<input type="checkbox"/>
Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
Submitted By HR representative:		

Electronic submission of Mid West NM CAP application - Attachments (resume, certifications, transcripts, or anything that will demonstrate your qualifications for the position) should be attached to this application.