



P.O. Box 28279, Santa Fe, NM 87592-8279
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(505) 983-0586/Fax (505) 424-0949

EMPLOYMENT APPLICATION – AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

Full Name _____ Email Address _____

Street Address _____ Length of Residency _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Work Availability and Preferences

Position applied for: _____

How did you learn about our job vacancy? _____

Date available for work: _____

Preferred: _____ Full time _____ Part time _____ Temp. _____ On call

Preferred number of days or hours per week: _____

Preferred Work Schedule:
_____ Days _____ Evenings _____ Nights

Are you able to work weekends? _____ Holidays? _____

Describe any commitments or outside responsibilities requiring absence from work:

Previous Employment

Have you been employed by this agency before? _____

If yes, when and where? _____

Names of relatives, friends and/or persons with a relationship to you who are in our employment:

Work Skills

Check the computer programs that you are proficient in or have a working knowledge of:

_____ Windows _____ Microsoft Word _____ Microsoft Excel

_____ Photo Shop _____ PowerPoint _____ Access

_____ Outlook _____ Internet

Database & Name: _____ Other: _____

Are you able to produce reports, spreadsheets and other documents without computer input and assistance?

_____ Yes _____ No

Additional information about your computer skills and abilities:

Describe any other skills which you think might help qualify you for employment with this agency:

Military Service

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

Dates: From _____ To _____ Branch & Rank: _____

Are you a member of the Reserves or National Guard? _____ Yes _____ No

Describe the duties and responsibilities you had in the service: _____

Education and/or Training

School Name & Location

**Dates
Attended**

**Type of
Study**

**Degree
Attained**

Scholastic honors, group activities, offices held etc.: _____

Plans for future study: _____

List and include Expiration Date(s) of any Licenses, Certifications, State Registration(s) such as: Social Worker, Therapist, Counselor:

Job Tasks

After reading the job description provided, can you perform the essential functions of this position, as summarized in the job description?

_____ Yes

_____ No

Employment History

Have you ever worked under another name? If yes, give the name(s) you worked under and the applicable employer(s):

Period(s) of Unemployment

Account for all periods of time you were unemployed for 2 weeks or more in the last 3 years **providing dates for the gaps of employment.**

Describe what you were doing including self-employment, summer or part time work, volunteer work, etc.

Employment History:

Starting with your present or most recent employer, list your **employment for the last three years**. Use the back of this page if you need more space.

Present/Most Recent Employer: *(Please indicate if this employer may not be solicited for employment information)*

Employer Name	Address	Telephone Number
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Employed: From: _____ To _____ Salary: _____ Hourly: _____

Immediate Supervisor: _____

Starting position title: _____

Ending position title: _____

Reason for leaving job: _____

Next Previous Employer:

Employer Name	Address	Telephone Number
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Employed: From: _____ To _____ Salary: _____ Hourly: _____

Immediate Supervisor: _____

Starting position title: _____

Ending position title: _____

Reason for leaving job: _____

Next Previous Employer:

Employer Name	Address	Telephone Number
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Employed: From: _____ To _____ Salary: _____ Hourly: _____

Immediate Supervisor: _____

Starting position title: _____

Ending position title: _____

Reason for leaving job: _____

Employment References (Please do not list relatives or friends)

We need at least 2 of your 4 references be either current or previous supervisors & all be work-related.

Name	Relationship	Telephone	#
1.			
2.			
3.			
4.			

Special Skills

Use the space below to describe your interest in our agency, your skills, experiences and expertise that qualify you for a position with us. You may wish to include community or civic activities, professional associations, activities, special training or experience, outside interests, etc., pertaining to the position for which you are applying:

Equal Employment Opportunity

This agency is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, color, sex, pregnancy, marital status, gender, sexual orientation, disability, religion, national origin, ethnic background, military service or citizenship.

Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed.

APPLICANT STATEMENT AND RELEASE OF BACKGROUND INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the statements made by me on this application are true, complete and correct. I hereby grant permission to Youth Shelters, and its agents and employees, to inquire or otherwise confirm the information I have given in this application. I understand that any material misrepresentation of facts given in this application, as well as in any subsequent interview for the position, may constitute grounds for rejection of this application and/or involuntary termination of employment if I am ultimately employed.

By my signature below, I give my permission to all previous employers and other persons, public entities or businesses associated with my personal and employment background to release any and all oral or written information about me to Youth Shelters or its employees and agents. I hereby release any references or other persons contacted for background information about me from any and all claims, liability and damages that may arise out of the provision of such information.

By my signature below, I understand that any information received by Youth Shelters in the process of obtaining reference information is strictly confidential and will not be disclosed to me.

By my signature below, I understand that a **criminal background check** is a requirement for my desired employment with Youth Shelters, and I hereby give my permission to Youth Shelters, as well as any public entity authorized or responsible for conducting the search, for such a check of my background to occur.

By my signature below, I hereby waive any laws, and regulations which might otherwise prevent any person, business or public entity from disclosing any and all information relevant to my application for employment with Youth Shelters.

Photocopies and faxes of this signed authorization shall be as valid as the original.

I have read, understand and by my signature consent to these statements.

Applicant Signature

Applicant Name Printed

Date

The Immigration Report and Control Act of 1986 requires employers to verify that all employees hired on or after November 6, 1986 are legally eligible for employment in the United States. Should an offer of employment be extended, you will be required to provide documentation that verifies your identity and your legal right to work in the United States. In order to determine whether Form I-9 documentation is valid, this employer participates in E-Verify.

VOLUNTARY EEO RECORD (OPTIONAL)

Name (optional): _____ Date _____

Government agencies at times require periodic reports from employers on the sex, ethnicity, disabled, veteran, and other protected status of employees. The purpose of this Administrative EEO Record is for statistical analysis only and is used to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. **The completion of this Administrative EEO Report is optional.** If you choose to volunteer the requested information please not that all Administrative EEO Records are kept in a Confidential File and are not part of your Application for Employment or Personnel File.

DEFINITIONS

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
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PLEASE CHECK APPROPRIATE BOXES - Optional

(Please note* If you report two or more races, one of them may not be Hispanic or Latino)

<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> Transgender / Other

<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White (not Hispanic or Latino)
<input type="checkbox"/> Black or African American (not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
<input type="checkbox"/> Asian (not Hispanic or Latino)
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)
<input type="checkbox"/> Two or More Races (not Hispanic or Latino – Check all that apply)
<input type="checkbox"/> Prefer not to answer

<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Disabled Veteran