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APPLICATION FOR EMPLOYMENT

POLICY STATEMENT: All qualified applicants will receive consideration for employment without regard to race, color, sex, age, national origin, religion, disability, veteran status, sexual orientation, or any other protected status. No question on this application is intended to secure information to be used for such discrimination. New Mexico 811 offers equal opportunity and treatment to all employees and qualified applicants for employment and is committed to diversity in the workplace.

Instructions: Answer all items on this application. Take time to list pertinent information, including references, carefully and completely. Failure to do so may prevent consideration for a position for which you are qualified. *Do not indicate "see resume".* Applications will only be considered for currently open positions. *NM811 will only retain submitted applications for a period of 90 days.*

| | | |
|---|---|-------------------------------|
| APPLICANT INFORMATION (Please Print using blue or black ink) | | Date of Application |
| Last Name, First Name, Middle Name | | |
| Permanent Address, City, State, Zip Code | | How long have you lived here? |
| Home Phone | Alternative Phone Number | E-mail Address |
| Available start date | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Position applying for |

GENERAL INFORMATION

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|--|
| Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, employment is subject to verification of legal minimum age requirement.)</i> |
| Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If hired you will be required to submit proof of your identity and legal authorization as a condition of employment.)</i> |
| During the last 5 years, were you suspended or discharged from any job for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Please Explain:</i> |
| Are you currently bound by an employment agreement of any kind or a non-compete agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i> |
| Did you serve in the U.S. Armed Forces or National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, from: _____ to: _____</i> Branch of Service: _____ Type of discharge: _____ |

EDUCATION: An offer of employment may depend upon verification of education, skills, and employment history.

| | Name and Location | Years Completed | Did you graduate? | Major/Degree |
|----------------------|-------------------|-----------------|--|--------------|
| High School or GED | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Technical/Vocational | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| College | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Graduate School | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Other | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

JOB RELATED SKILLS: List any skills and /or qualifications you have which may be relevant to the position you are applying for:

EMPLOYMENT SUMMARY: Beginning with your **PRESENT** or most **RECENT** employer, list **ALL** previous employment over the past five (5) years, including U.S. Military and volunteer service. Please explain any gaps in employment and other relevant information in the Additional Information Section. Please complete **ALL** sections of this page, even if you have enclosed a resume.

Statements such as "See Resume" do **not** substitute for completing any portion of this application. If your work history includes more than three previous employers, a supplemental sheet may be attached.

| | | |
|-------------------------------|--------------------------|---|
| Current/Last employer: | Employment Dates: | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Type of business: | Job Title: | |
| Address: | Annual Salary: | Bonus: |
| Supervisor's name/title | Duties/Responsibilities: | |
| Phone#: | Reason for leaving: | |
| Additional information: | | |

| | | |
|---------------------------|--------------------------|---|
| Previous employer: | Employment Dates: | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Type of business: | Job Title: | |
| Address: | Annual Salary: | Bonus: |
| Supervisor's name/title | Duties/Responsibilities: | |
| Phone#: | Reason for leaving: | |
| Additional Information: | | |

| | | |
|---------------------------|--------------------------|---|
| Previous employer: | Employment Dates: | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Type of business: | Job Title: | |
| Address: | Annual Salary: | Bonus: |
| Supervisor's name/title | Duties/Responsibilities: | |
| Phone#: | Reason for leaving: | |
| Additional Information: | | |

PLEASE LIST THREE (3) BUSINESS REFERENCES WHO ARE NOT RELATED TO YOU:

| Name | Title & Company | Mail Address | Telephone |
|------|-----------------|--------------|-----------|
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APPLICANT CERTIFICATION

I understand that nothing in this application, or in the granting of an interview, is intended to create an employment contract between New Mexico 811 and myself for either employment or the providing of any benefits. I fully understand that any offer of employment will only be made in writing and will be contingent upon the satisfactory completion of a drug screening.

I understand that if I accept a position at New Mexico 811, I will be an employee at will. I understand that employment at New Mexico 811 is not continuous, and can be terminated by New Mexico 811 at any time for any reason deemed by New Mexico 811 to require termination, including, but not limited to reorganization, lack of funds, or violation of the policies and practices of New Mexico 811 I also understand I will be required to complete additional information necessary for New Mexico 811 recordkeeping requirements and I must abide by its policies, rules and regulations.

I understand New Mexico 811 may require a physical examination as a condition of employment or of continuing employment and I agree to submit to such examination(s). New Mexico 811 reserves the right to lawfully test employees for illegal drug use at any time for specific job classifications that involve public safety.

I also understand that, in connection with the routine processing of the application for employment, I authorize the investigation of all statements contained on this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and I release all persons from all liability and damages that may result from furnishing that information to New Mexico 811 or its agents. I also agree to release New Mexico 811 or its agents against any liability which may result from conducting these investigations.

I understand that any misrepresentations, omissions or falsification of information on this application may prevent me from being hired, or if hired, may be cause for immediate and just termination by New Mexico 811 at the time of discovery. I certify that I have read, understand and agree to the contents of this certification, and that a photocopy or facsimile of this signed form can be used for the business purposes described above.

Applicant Signature: _____ **Date:** _____