

Employment Application



Mora Valley Community Health Services

PO Box 209, Mora, NM 87732

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Mora Valley Community Health Services, Inc.

P.O. Box 209 Mora, New Mexico 87732

Administration: Phone: (575) 387-3327 Fax: (575) 387-387-9153
Medical/Behavioral Health: Phone: (575) 387-2201 Fax: (575) 387-9006
Dental: Phone: (575) 387-2481 Fax: (575) 387-9149
Caridad de San Antonio: Phone: (575) 387-6078 Fax: (575) 387-2034
Finance/Billing/IT: Phone: (575) 387-5069 Fax: (575) 387-9011
School Based Health Center: Phone: (575) 387- 3117
Mora Senior Center: Phone: (575) 387- 2279 Fax: (575) 387-2705
Wagon Mound Senior Center: Phone: (575) 666-2256 Fax: (575) 666-2257

Employment Application Addendum

Attestation of Non-Relation to Board Member(s) Form

Mora Valley Community Health Services, Inc. (MVCHS) bylaws, Article IV: BOARD OF DIRECTORS, Section 2 - Condition of Service, Sub-sections (d) and (e) require that:

- Members of the Board cannot be relatives of employees of MVCHS, i.e. spouse, children, parents, or brothers or sisters (blood or marriage).
- Employees of the Health Center and their spouses, children, parents, or brothers or sisters (blood or marriage) cannot be members of the Board.

I have reviewed the current list of MVCHS Board Members and hereby attest that I am not a relative of a MVCHS Board Member as outlined above.

Applicant's Name: _____ Date: _____
(Print)

Applicant's Signature: _____ Date: _____