

# 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: YES NO Degree:  
From: To: Did you graduate?   Degree:  
College: Address: YES NO Degree:  
From: To: Did you graduate?   Degree:  
Other: Address: YES NO Degree:  
From: To: Did you graduate?   Degree:

### References

Please list three professional references.

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

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

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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  
      

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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  
      

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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: \_\_\_\_\_