A Caring Heart of New Mexico, LLC

Employment Application

**Employment At Will**

A Caring Heart of NM, LLC employs individuals for an indefinite term and employment may be terminated with or without cause, at any time, at the will of either you or A Caring Heart of NM, LLC. No employee is authorized to represent or offer to any applicant, prospective employee or present employee, employment on terms other than this without specific written authorization for the owners of A Caring Heart of NM, LLC. It should be clearly understood that this Employee Handbook does not constitute a contract of employment or any other type of contract. A Caring Heart of NM, LLC may change or modify these or other policies or procedures relating to employment matters from time to time as it considers appropriate in its sole discretion without notice to you.

We consider applicants for all positions with regard to race, color, religion, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

**Personal Information:**

First Name:

Middle Name:

Last Name:

Previous Alias:

SSN:

Street Address:

City, State, Zip Code:

Phone Number: ALT Phone Number:

Emergency Contact Name, Relationship, Number, and Address:

Are you eligible to work in the United States? Yes No

Have you been convicted of or pleaded no contest to a felony within the last ten years?

Yes No

If yes, please explain:

**Position/Availability:**

Position Applied For:

Days Available:

Hours Available:

Available Start Date:

Desired Salary Range:

**Education:**

Name & Address of High School Diploma Graduation Date

Name & Address of Colleges/Trade School Title of Degree/Diploma Grad Date

Are you currently employed?

**Employment History:**

***Most Recent*** Position:

Position Title:

Responsibilities:

Employer Name:

Address:

Supervisor Name & Phone Number:

Okay to Contact? Yes or No

Employment Dates

To

Salary:

Reason for Leaving:

***Previous*** Position:

Position Title:

Responsibilities:

Employer Name:

Address:

Supervisor Name & Phone Number:

Okay to Contact? Yes or No

Employment Dates

To

Salary:

Reason for Leaving:

***Previous*** Position:

Position Title:

Responsibilities:

Employer Name:

Address:

Supervisor Name & Phone Number:

Okay to Contact? Yes or No

Employment Dates

To

Salary:

Reason for Leaving:

**References (2 Professional and 1 unrelated persons):**

Name/Title Address Phone Occupation

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: Date: