

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____