



Application for Employment

108 S. Cedar Street Truth or Consequences, NM 87901
(505) 894-2244 Fax (505) 894-0756
Email: manager@torchousing.org

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street/Box City State Zip Code

Telephone No.: _____ Social Security No.: _____

Position Applied For: _____ Date Available For Work: _____

Valid NM Driver's License Yes No Family Self Sufficiency Contract Yes No

Public Housing or Section 8 Participant? Yes No

Have you ever been convicted of a felony in the last seven (7) years? Yes No

Are you legally eligible for employment in this Country? Yes No

REFERENCES:

List three persons not related to you.

Name Name Name

Phone No. Years Known Phone No. Years Known Phone No. Years Known

Address Address Address

City State Zip City State Zip City State Zip

EDUCATION:

High School Diploma GED Highest Grade Completed _____

Special Skills: _____

(over)

EMPLOYMENT HISTORY:

1)

Employer _____ Telephone No. _____
Dates Employed From _____ To _____

Summary of Job Duties: _____

2)

Employer _____ Telephone No. _____
Dates Employed From _____ To _____

Summary of Job Duties: _____

3)

Employer _____ Telephone No. _____
Dates Employed From _____ To _____

Summary of Job Duties: _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer, I understand there is no longer a position opening, and should a position open in the future, I will need to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

Signature of Applicant _____ Date _____