

New Mexico Clinical Research & Osteoporosis Center, Inc.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
<i>How did you learn about us?</i> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Site <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO

If yes give date _____

Have you been employed with us before? YES NO

If yes give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

(Proof of citizenship will be required upon employment)

On what date would you be available for work? _____

Are you available for work: Full-Time Part-Time Shift Work Temporary?

Are you currently on lay-off status and subject to recall? YES NO

Can you travel if the job requires it? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/ or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any Job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
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		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue a separate sheet of paper.

<p>List any professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.</p> <hr/> <hr/> <hr/>
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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills and/or equipment operated.

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile	Other
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	Machinery (list):	(List):
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Windows	<input type="checkbox"/> Outlook	_____	_____
<input type="checkbox"/> MSWord	<input type="checkbox"/> Explorer	_____	_____
<input type="checkbox"/> Other programs		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Physical Requirements:

- Hearing, speaking and visual acuity
- Sitting or standing for long periods of time
- Ability to lift at least 20 lbs.
- Hand/wrist movement to write, use computer, phone and copier

References

1. _____ ()
Name Phone #

Address

2. _____ ()
Name Phone #

Address

3. _____ ()
Name Phone #

Address

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes, No

Interviewer _____ Date _____

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Notes _____

