



3590 W. Picacho Ave. • Las Cruces, NM 88007
(505) 524-2835 • Fax: (505) 541-4252

APPLICATION FOR EMPLOYMENT

MUST BE COMPLETED IN INK AND IN APPLICANT'S OWN HANDWRITING – PLEASE PRINT

Date of application _____

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Present address _____ Phone # () _____
STREET

_____ CITY STATE ZIP

In case of emergency notify _____ Phone # () _____
NAME

_____ STREET CITY STATE ZIP

Alternate emergency contact _____ Phone # () _____

Have you worked for this company before? Yes No When? _____

If hired, can you provide evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?

Yes No

Position applying for _____

Do you speak, write or understand any foreign language? Yes No Language? _____

Who referred you? _____

PLEASE READ CAREFULLY

A. Have you ever been convicted of a criminal offense? Yes No
(A conviction may not necessarily disqualify you from employment.)

If yes, to the above question, please state circumstances and dates: _____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 _____

List any other training or schools _____ Date completed _____

MILITARY STATUS

Have you ever served in the U.S. Armed Forces? Yes No

Branch _____ Dates: From _____ To _____

Duties: _____

EMPLOYMENT HISTORY FOR PAST 10 YEARS

Applicants must list all full and part-time employment during preceding **10 years**, including military service and self employment.
NOTE: List employers in reverse order starting with the most recent.

CURRENT EMPLOYER

Name _____ Address _____
STREET CITY STATE/ZIP

From _____ To _____ Position held _____
Mo/Day/Yr Mo/Day/YR

Type of equipment driven _____ Reason for leaving _____

May we call? Yes No Contact _____ Phone # () _____

Name _____ Address _____
STREET CITY STATE/ZIP

From _____ To _____ Position held _____
Mo/Day/Yr Mo/Day/YR

Type of equipment driven _____ Reason for leaving _____

May we call? Yes No Contact _____ Phone # () _____

Name _____ Address _____
STREET CITY STATE/ZIP

From _____ To _____ Position held _____
Mo/Day/Yr Mo/Day/YR

Type of equipment driven _____ Reason for leaving _____

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USE A SUPPLEMENTARY SHEET IF NECESSARY

