



EMPLOYMENT APPLICATION

111 N. RAILROAD AVE.
ESPANOLA, NM 87532
(505) 753-7218
Facsimile: (505) 747-8943

ECFH is firmly committed to the policy of providing Equal Employment Opportunity to all employees and applicants for employment regardless of gender, marital status, sexual orientation, color, race, religious affiliation, age, national origin, disability or veteran's status, sexual identity, spousal affiliation, or other characteristics protected by Federal, State or local law.

IMPORTANT: Applicants should attach letter of interest, résumé and copies of licensure.

If additional space is needed, use page four. Please key additional information to the item on the application to which it refers.

1. PERSONAL DATA

Name _____
(Last Name, First Name, Middle Initial)

Former name used which may appear on educational and prior employment records: _____

Present Address _____ Home Phone _____
(Street)

(City, State, Zip)

Permanent Address _____ Home Phone _____
(Street)

(City, State, Zip)

Date available for employment: _____ Minimum salary required\$ _____

Do you have any relatives currently employed with ECFH? Yes No

If yes, name the department where employed _____
and relationship to you _____

Position(s) applied for:

a. _____ b. _____
c. _____ c. _____

Have you ever been employed at ECFH? Yes No If yes give dates _____

NOTE: Applications will only be considered for positions as listed above. Once the position(s) have been filled, your Application will no longer be active. If you wish to apply for other position(s), a new application must be completed.

2. EDUCATION: The following information will be considered only when there is a bona fide occupational requirement.

SCHOOL	NAME & LOCATION	MAJOR COURSES OR FIELD OF STUDY	TYPE OF CERTIFICATE/ DIPLOMA /DEGREE
High School			
Vocational/Business			
Technical Institutes			
Colleges/Universities			
Military Service Schools			

3. SPECIAL SKILLS: Check all skills that apply

Calculator Word Processing Computer Terminal Keyboarding E-Mail

4. WORK EXPERIENCE: Give the names of the companies' for which you have worked beginning with you present or last employer.

(a) **NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:** _____

Employed from: _____ To: _____ Pay Rate: _____

No. of hours per week _____ Supervisor _____

Business phone _____ May we contact employer Yes No

Reason for leaving _____

Job title and nature of work done _____

(b) NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER: _____

Employed from: _____ To: _____ Pay Rate: _____

No. of hours per week _____ Supervisor _____

Business phone _____ May we contact employer Yes No

Reason for leaving _____

Job title and nature of work done _____

(c) NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

Employed from: _____ To: _____ Pay Rate: _____

No. of hours per week _____ Supervisor _____

Business phone _____ May we contact employer Yes No

Reason for leaving _____

Job title and nature of work done _____

(d) NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

Employed from: _____ To: _____ Pay Rate: _____

No. of hours per week _____ Supervisor _____

Business phone _____ May we contact employer Yes No

Reason for leaving _____

Job title and nature of work done _____

AFFIRMATIVE ACTION INFORMATION SURVEY

This information will not effect your employment or be available to or be used in departmental selection process. It will be used by the Human Resources Department to compile statistics and will be kept confidential.

Ethnic Origin: _____ **Birth Date** ____/____/____

A = Asian

B = Black

C = Caucasian

H = Hispanic

I = American Indian

Sex: _____

1 = Male

2 = Female

Disability: _____

30% Handicap Veteran: _____

Y = Yes

Y = Yes

N = No

N = No

Vietnam Veteran: _____

Y = Yes

N = No

Today's Date ____/____/____

WE APPRECIATE YOUR COOPERATION