

APPLICATION for EMPLOYMENT



3601 MIMBRES LANE, SANTA FE, NM 87507
 1305 OSAGE AVE, SANTA FE, NM 87505
 600 N GUADALUPE ST, SANTA FE, NM 87501
 4641 AIRPORT RD, STE 3, SANTA FE, NM 87507

Equal Opportunity Employer & Drug Free Workplace

PERSONAL DATA: How were you referred: Newspaper Employee _____ Other _____

Last Name	First	Middle	Date
Present Street Address		Home Telephone	
City, State, Zip		Other Contact Telephone	
Are you a U.S. Citizen or legally eligible for employment in the U.S.A.?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you bondable? (18 or older) <input type="checkbox"/> YES <input type="checkbox"/> NO	Position Applied for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Salary you are seeking: \$ _____	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain on page 3. (A conviction will not necessarily disqualify)		Do you have any relatives employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If your application is considered favorably, What date will you be available for work?		Have you ever applied here before? If yes, when?	
Any other names you may have been known by:			
Are there any other experiences, skills, or qualifications, which will be of special benefit in the job for which you are applying? (ie. ability to effectively communicate in any other language):			

Days and Hours available (If employed I will notify my supervisor in writing should my availability change.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hrs Available						

RECORD OF EDUCATION

	Name of School	Course of Study	Yr Completed				Certificate, Diploma or Degree
			1	2	3	4	
High School			1	2	3	4	
Vocational/ College			1	2	3	4	

EMPLOYMENT HISTORY

Starting with the most recent, list the last positions you have held in the last 5 years (attach additional sheets if needed).

Name & Address of Company And Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Telephone	List job title and describe the work you did.							
<hr/>								
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	Mo.	Yr.	Mo.	Yr.				
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	Mo.	Yr.	Mo.	Yr.				
Telephone	List job title and describe the work you did.							

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION PLEASE READ CAREFULLY AND SIGN BELOW

I certify that all the information provided by me in this employment application (and any other accompanying documents) is true, correct, accurate and complete to the best of my knowledge.

I understand that falsification, misrepresentation or omission of any information may disqualify me from further, or future consideration for employment and may result in dismissal if discovered at a later date.

I understand that if offered a position, I may be required to submit to drug screening, background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempts to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Signature of Applicant _____ Date _____