



NEW MEXICO VETERANS INTEGRATION CENTERS (VIC)

13032 Central Avenue, SE
Albuquerque, NM 87123
www.nmvic.org
Email: info@nmvic.org
505-296-0800

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

CITY

STATE

ZIP

PERMANENT ADDRESS

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER?

PHONE NUMBER

DESIRED EMPLOYMENT

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF YES, THE NAME OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

HAVE YOU EVER WORKED AT THIS COMPANY BEFORE?

WHERE?

WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED TO YOU THIS COMPANY?

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS CITY STATE ZIP

STARTING DATE LEAVE DATE JOB TITLE

WEEKLY STARTING SALARY WEEKLY FINAL SALARY MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR TITLE PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVE DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR

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REASON FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVE DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR

TITLE

PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES

GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE / RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

IF YES, EXPLAIN (THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

SIGNATURE

DATE