



## Employment Application

The VIC® is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected Veteran status, or any other characteristic by law.

### Applicant Information

Full Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ SSN #: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Willing to travel, work weekends or alternate work schedules with advance notice? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

### Previous Employment (last 5 years)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Intentionally Left Blank

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

## Education

**High School:** \_\_\_\_\_ City / State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ City / State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ City / State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**Professional Degree or License:** \_\_\_\_\_ License #: \_\_\_\_\_  
School or Licensing Body: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Military Service or Family Preference

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable, explain: \_\_\_\_\_  
(Type of discharge does not preclude you from consideration for the position applied)

If claiming Military Family Preference, please explain relationship to the Servicemember or Veteran: \_\_\_\_\_

*The NMVIC gives preference to Veterans and/or immediate family members which includes domestic partner, spouse or widow of a Veteran; OR immediate family member caregiver of a Veteran with proof of status*

## References

Please list two (2) professional and (1) personal reference.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Referral Source

How did you hear about this position? FACEBOOK LinkedIn NM Workforce Connection  
NMVIC Website Center for Nonprofit Excellence Other: \_\_\_\_\_

If the referral is an employee of the NMVIC, please list their name: \_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

By signing this application, I authorize the NMVIC, and its employees, to investigate all statements and information contained herein relating to my background, experience and any other information in this application that will enable the NMVIC to make a determination of my application for employment with the NMVIC.

I hereby release the NMVIC, and its employees, from liability for any damage that may result from utilization of such information, and understand that the NMVIC will retain my information for a period of up to two (2) years even if I am not hired for the position for which I am applying for with this application In Accordance With NMVIC Confidentiality and PII policy and procedures.

I further understand and agree that this application in no way constitutes any offer of employment, agreement or contract with the NMVIC, and that no representative of the NMVIC is authorized to make an offer of employment unless specifically made in writing by an authorized representative of the company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_