



CAPACITYBuilders
transforming communities

418 W. Broadway,
Farmington, NM 87401
505.278.7789
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APPLICATION FOR EMPLOYMENT

Today's Date: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Current Street Address: _____ City: _____ State: _____

Phone Number(s): _____

Email Address: _____

Are you a U.S. Citizen? Yes No

Are you less than 18 years of Age: Yes No

Driver's License Number Expiration Date State Driving Record

EMPLOYMENT DESIRED

Job Position or Area of Interest: _____ Full-time Part-time

Date Available: _____

Salary Preference: _____

Have you ever been employed by our organization?

If yes, please provide dates & job positions: _____

Names of friends/relatives currently or in the past employed by CBI, if any:

If required, can you work Evenings Weekends Overtime Comments: _____

Are you currently employed? _____

If yes, may we contact your present employer? Yes No _____

EDUCATION

Name & Location	Major	Grade Average	Did You Graduate? (Degree)
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High School: _____

College: _____

Other: _____



Professional Certificates/Licenses: _____

Languages other than English: _____ (Indicate Fluency) Speak Read Write

Are you presently attending college or taking any education courses? _____

If yes, what type of classes & will this affect the hours you are available to work?

Do you belong to any job related organizations, clubs, professional society, etc? If yes, please list.

MILITARY SERVICE

Have you ever served in any type of U. S. Armed Services? If yes, please indicate what branch, when, military duties, & training:

Yes: _____

NO

EMPLOYMENT HISTORY

Company Name/Location/Telephone#:

Supervisor Name/Title/Phone#: _____

If current employer, may we contact your current supervisor/employer? Yes No

Position(s) Held: _____

Rate of Pay Start/End: _____

Job Duties: _____

Employed from (month/year) _____ to (month/year) _____

Reason for Leaving: _____

Company Name/Location/Telephone#:

Supervisor Name/Title/Phone#: _____

May we contact your previous supervisor/employer? Yes No

Position(s) Held: _____

Rate of Pay Start/End: _____

Job Duties: _____

Employed from (month/year) _____ to (month/year) _____

Reason for Leaving: _____



Company Name/Location/Telephone#:

Supervisor Name/Title/Phone#: _____

May we contact your previous supervisor/employer? Yes No

Position(s) Held: _____

Rate of Pay Start/End: _____

Job Duties: _____

Employed from (month/year) _____ to (month/year) _____

Reason for Leaving: _____

NOTE: You may add up to 3 more former employers on another piece of paper using the same format as above.

REFERENCES (Unrelated to you)

1. Name _____ Address _____ Phone _____

Occupation _____ Relationship _____ How long have you known this person? _____

2. Name _____ Address _____ Phone _____

Occupation _____ Relationship _____ How long have you known this person? _____

3. Name _____ Address _____ Phone _____

Occupation _____ Relationship _____ How long have you known this person? _____

ACKNOWLEDGEMENTS AND AUTHORIZATION

- Upon offer of employment, I understand that verification of my U.S. Citizenship and/or legal right to work in the U.S. will be required.
- If I am offered employment, and if my job requires driving, that I must provide evidence of a current, valid driver's license, and may be required to show proof of automobile insurance.
- I hereby authorize verification on all statements contained in this application. I certify that the information given on this application and on any supporting documentation is true and complete to the best of my knowledge. I understand that misrepresentation, false information or material omission made by me on this application could be cause for involuntary termination.
- I understand I may be required to submit to drug/alcohol testing and authorize the release of test results to CBI. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
- I understand that CBI will retain my application for a period of six months minimum to review as employment positions become available. If I apply for a position after the six months, or if any of my information has changed, I may be required to update this application or complete a new application.

By signing this application, I certify that I have read and understand all of the above statements, and completed this employment application to the best of my knowledge:

Signature: _____

Date: _____