

EMPLOYMENT APPLICATION

SANDIA HEIGHTS SERVICES, LLC

5/17/19

APPLICANT INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly. Incomplete or illegible applications will not be processed.
5. Some package may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Today's date: ____ / ____ / ____

Name: _____
Last First Middle

E-mail address: _____

Home or Cell Phone: _____ Work Phone: _____

Current Address: _____

City State Zip

List State and Counties of Residence (past five years):

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for immediate withdrawal of the application or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination because of sex, race, creed, national origin, religion, age, spousal affiliation, sexual orientation, gender identity, disability or other protected class. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related work skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting for work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY: For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Seasonal

When are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

JOB RELATED SKILLS: NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate drivers license?
Name on license _____ DL# _____ Type _____ State _____

Yes No Have you had any moving violations in the past 5 years? If yes, please describe: _____

Please describe any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

Yes No Have you ever been employed by the company before?

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications, languages (read, write and/or speak), training or other experience:

COMMENTS: _____

PREVIOUS EMPLOYERS: Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Start with your present or last job. Include military service assignments and volunteer activities.

1	Employer	Phone () 	Dates Employed: From:		To:		
				Work Performed			
	Address			Job title		Hourly Rate/Salary	
						Starting	Final
	Reason for Leaving			Supervisor Name, Title & Phone Number		May we contact this person?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Employer	Phone () 	Dates Employed: From:		To:		
				Work Performed			
	Address			Job title		Hourly Rate/Salary	
						Starting	Final
	Reason for Leaving			Supervisor Name, Title & Phone Number		May we contact this person?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Employer	Phone () 	Dates Employed: From:		To:		
				Work Performed			
	Address			Job title		Hourly Rate/Salary	
						Starting	Final
	Reason for Leaving			Supervisor Name, Title & Phone Number		May we contact this person?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES: Include only individuals familiar with your work ability. Do not include relatives

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

EDUCATION

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statement made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to contact, obtain, and verify the accuracy of information contained in this employment application, including information involving credit worthiness, credit standing, employment history, educational background and criminal background from all previous employers, educational institutions, credit reporting agencies, public agencies and references. In accordance with the Fair Credit Reporting Act, I specifically consent to the acquisition of such information and acknowledge that I have the right to obtain the consumer report directly from the consumer reporting agency. I also hereby release from liability the company and its representatives for seeking, gathering and using such information to make employment decisions and all other person, schools, companies, organizations and/or law enforcement authorities for providing such information. Applicants who receive a conditional offer of employment at the company may be subject to a post offer drug test. Individuals who test positive for any illegal substance, who test positive for any controlled substance, which cannot be substantiated as a currently prescribed medication, or who refuse to undergo testing will be ineligible from employment. If I am employed, I acknowledge employment at the company is at-will; there is no specified length of employment and that this employment application does not constitute an agreement or contract for employment. This means that the employee and employer are free to terminate the employment relationship at any time, for any reason; with or without notice and with or without cause, so long as there is no violation of applicable federal or state law. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days after my being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Signature	Date
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