



**SOUTHEAST NM COMMUNITY ACTION CORPORATION**

**Human Resources Department**

1915 San Jose Blvd. (575) 887-3939  
Carlsbad, NM 88220 (888) 743-3428  
Fax (575) 887-6357

[www.snmcac.com](http://www.snmcac.com)

Date Application Received in HR:

Review Cut Off Date:

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer SNMCAC considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital, veteran status, sexual orientation, gender identity, or the presence of a medical condition, or handicap that is not job related, or any other legally protected status.

Applications are accepted only for those positions advertised in our Job Opportunities Postings or local newspapers. Please submit a COMPLETE application packet to the local Department of Workforce Solutions. All applications must be received by 5:00 p.m. on the review closing date stated on the Job Opportunities Posting. Applications submitted after 5:00 p.m. on the review closing date, and applications not selected for interview, will be maintained in the Human Resources department for six months.

**NOTE: INCOMPLETE APPLICATIONS WILL BE REJECTED!!!**

<b>LIST ALL POSITIONS YOU ARE APPLYING FOR:</b> 1. _____ 2. _____	<b>DATE OF APPLICATION:</b> _____
---	--------------------------------------

**PLEASE PRINT BELOW**

<b>PERSONAL INFORMATION</b>	Name: _____ SS# XXX-XX-_____	
	Last	First
	Middle Initial	
	Last four (4) digits only	
	<b>List any other names used that are different from this application:</b> _____	
	Address: _____	
	City: _____ State: _____ Zip Code: _____	
	Drivers License Number: _____ State: _____ Currently valid ___Yes___ No	
	CDL ___Yes___ No Expiration Date: _____ Liability Insurance ___Yes___ No	
	Are you authorized to work and remain in the United States ___Yes___ No Are you a US military service veteran ___Yes___ No	
How/from did you learn about the job vacancy _____		
Day Phone Number: _____	Current SNMCAC Employee ___Yes___ No	
Work Phone: _____	Former SNMCAC Employee ___Yes___ No If yes when _____	
Alternate Phone: _____	Department/Location _____	
Fax Number: _____	Last Position Held: _____	
E-Mail Address: _____ (Optional)	Under What Name _____	

<p>Are you related by blood or marriage to any member(s) of the SNMCAC Board of Directors, Head Start Policy Council or to any current employee of SNMCAC ___Yes___ No</p> <p>If yes, complete:</p> <p>Name_____</p> <p>Relationship_____</p> <p>Name_____</p> <p>Relationship_____</p>	
---	--

<b>EDUCATION</b>	<b>Highest Grade Completed – Please circle</b>				
	High School: 9 10 11 12 High School Graduate ___Yes___ No		GED ___Yes___ No		
	High School Name/Address: _____				
	_____ City _____		_____ State/Zip _____		
<b>Post – Secondary Schools Attended</b>					
	<b>College/University Name and Location</b>	<b>Course of Study Major/Minor Fields</b>	<b>Diploma/Degree or Certificate Graduate</b>		
<b>TRAINING</b>	<b>List (by title), <u>Relevant</u> Workshops/Training Sessions That You Have Attended in the Last Five Years</b>				
	1.		5.		
	2.		6.		
	3.		7.		
	4.		8.		
<b>SKILLS</b>	<b>Computer Skills – List the Computer Software Programs in Which You are Proficient</b>				
<b>PLEASE LIST <u>ALL</u> JOBS YOU HAVE HELD BEGINNING WITH MOST RECENT</b>					
<b>****Fill in any gaps between jobs, i.e. Student, Stay at Home Mom, Volunteer, etc.****</b>					
<b>WORK EXPERIENCE</b>	<b>Dates</b>		Present or Last Employer (Circle One):	Phone:	Position/Title:
	From	To			
			May We Contact Present Employer: Y N	FT or PT	Final Salary:
	Present/Previous Employer Mailing Address >>>		Street:		
			City: State: Zip:		
	Reason for Leaving:				
	Describe Work:				
	<b>Dates</b>		Previous Employer:	Phone:	Position/Title:
	From	To			
		Contact:	FT or PT	Final Salary:	
		Street:			

Previous Employer Mailing Address >>>		City:		State:		Zip:	
Reason for Leaving:							
Describe Work:							
<b>Dates</b>		Previous Employer:		Phone:		Position / Title	
From	To						
		Contact:		FT or PT		Final Salary:	
Previous Employer Mailing Address >>>		Street:					
		City:		State:		Zip:	
Reason for Leaving:							
Describe Work:							
<b>REFERENCES</b>	<b>Please list the names and telephone numbers of three <u>professional</u> references (co-workers, clients or supervisors other than those listed above).</b>						
	Name		Title		Telephone/Number of Years Known		
	1.						
	2.						
3.							

- ✚ I certify that all information I have provided in this application is true, complete and correct to the best of my knowledge.
- ✚ I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.
- ✚ I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of SNMCAC.
- ✚ I expressly authorize, without reservation, the employer, SNMCAC, its representative, employees or agents, to contact and obtain information from all references (personal and/or otherwise), employers, public agencies, licensing authorities and educational institutes and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the corporations or organizations for furnishing such information about me.
- ✚ I understand that SNMCAC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.
- ✚ If I am hired, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with SNMCAC is of an "at will" nature, which means that I am free to resign at any time, with or without prior notice and SNMCAC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing and signed by the SNMCAC Board of Directors and/or the SNMCAC Executive Director.
- ✚ This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the SNMCAC Board of Directors and/or the SNMCAC Executive Director.
- ✚ I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.
- ✚ I understand that if I am hired, all information included on this application, including academic credentials, will be verified.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SUPPLEMENTAL WORK EXPERIENCE

<b>Dates</b>	Previous Employer:	Phone:	Position/Title:
From:			
To:	Contact:	FT or PT?	Final Salary:
Previous Employer Mailing address >>>	Street:		
	City:	State:	Zip:
Reason for Leaving:			
Describe Work:			
<b>Dates</b>	Previous Employer:	Phone:	Position/Title:
From:			
To:	Contact:	FT or PT?	Final Salary:
Previous Employer Mailing Address >>>	Street:		
	City:	State:'	Zip:
Reason for Leaving:			
Describe Work:			
<b>Dates</b>	Previous Employer:	Phone:	Position/Title:
From:			
To:	Contact:	FT or PT?	Final Salary:
Pervious Employer Mailing Address >>>	Street:		
	City:	State:	Zip:
Reason for Leaving:			
Describe Work:			
<b>Dates</b>	Previous Employer:	Phone:	Position/Title:
From:			
To:	Contact:	FT or PT?	Final Salary:
Pervious Employer Mailing Address >>>	Street:		
	City:	State:	Zip:
Reason for Leaving:			
Describe Work:			
<b>Dates</b>	Previous Employer:	Phone:	Position/Title:
From:			
To:	Contact:	FT or PT?	Final Salary:
Pervious Employer Mailing Address >>>	Street:		
	City:	State:	Zip:
Reason for Leaving:			
Describe Work:			



**Southeast New Mexico Community Action Corporation**

**Human Resources Department**

1915 San Jose Boulevard  
Carlsbad, New Mexico 88220-5462  
(575) 887-3939 (888) 743-3428  
Fax (575) 887-6357  
www.snmcac.org

**REFERENCE CHECK FORM**

**Instructions for the Applicant:** Complete the top portion of this form. Sign and return it with your application. This form will be processed by the Human Resources Department and will be valid as the original.

**Applicant's Name:** \_\_\_\_\_ **SS#** **XXX-XX** \_\_\_\_\_ Last four (4) digits only

I have applied for employment with SNMCAC for the following position: \_\_\_\_\_  
Consideration of my application depends on the receipt of your response. In advance, I appreciate your promptness. Your responses are CONFIDENTIAL and not shared with me. Thank you.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, please do not write below this line

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Resigned: \_\_\_\_\_

Instructions for the Addressee: Please complete form and return as soon as possible. Circle a rating for each factor.

1 – Unacceptable; 2 – Requires Improvement; 3 – Acceptable; 4 – Competent; 5 – Commendable; 6 – Superior; N/B – No Basis for Judgment

Factors	Rating Scale								Comments
PERSONAL QUALITIES									
General Appearance	1	2	3	4	5	6	N/B		
Attendance	1	2	3	4	5	6	N/B		
Cooperation	1	2	3	4	5	6	N/B		
Initiative	1	2	3	4	5	6	N/B		
Job Knowledge	1	2	3	4	5	6	N/B		
Quality of Work	1	2	3	4	5	6	N/B		
Integrity	1	2	3	4	5	6	N/B		
Demonstrates maturity/tact	1	2	3	4	5	6	N/B		
Good judgment/common sense	1	2	3	4	5	6	N/B		
Organizational skills	1	2	3	4	5	6	N/B		
Complies with policies/procedures	1	2	3	4	5	6	N/B		
Provides loyal support	1	2	3	4	5	6	N/B		
Interpersonal skills	1	2	3	4	5	6	N/B		
Motivated	1	2	3	4	5	6	N/B		
Effective communication skills	1	2	3	4	5	6	N/B		
Planning skills	1	2	3	4	5	6	N/B		
Positive attitude	1	2	3	4	5	6	N/B		
Teamwork	1	2	3	4	5	6	N/B		
Leadership skills	1	2	3	4	5	6	N/B		
Overall rating of this individual	1	2	3	4	5	6	N/B		
Comments:									

**Your observations were made as the applicant's:** Supervisor \_\_\_ Co-worker \_\_\_ Teacher \_\_\_ Friend \_\_\_ Other \_\_\_  
**Applicant's position?** \_\_\_\_\_  
**Would you rehire the applicant?** Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Southeast New Mexico Community Action Corporation**

**Human Resources Department**

1915 San Jose Boulevard

Carlsbad, New Mexico 88220-5462

(575) 887-3939 (888) 743-3428

Fax (575) 887-6357

www.snmcac.org

**REFERENCE CHECK FORM**

**Instructions for the Applicant:** Complete the top portion of this form. Sign and return it with your application. This form will be processed by the Human Resources Department and will be valid as the original.

**Applicant's Name:** \_\_\_\_\_ **SS#** **XXX-XX** \_\_\_\_\_ Last four (4) digits only

I have applied for employment with SNMCAC for the following position: \_\_\_\_\_  
Consideration of my application depends on the receipt of your response. In advance, I appreciate your promptness. Your responses are CONFIDENTIAL and not shared with me. Thank you.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, please do not write below this line

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Resigned: \_\_\_\_\_

Instructions for the Addressee: Please complete form and return as soon as possible. Circle a rating for each factor.

1 – Unacceptable; 2 – Requires Improvement; 3 – Acceptable; 4 – Competent; 5 – Commendable; 6 – Superior; N/B – No Basis for Judgment

Factors	Rating Scale								Comments
PERSONAL QUALITIES									
General Appearance	1	2	3	4	5	6	N/B		
Attendance	1	2	3	4	5	6	N/B		
Cooperation	1	2	3	4	5	6	N/B		
Initiative	1	2	3	4	5	6	N/B		
Job Knowledge	1	2	3	4	5	6	N/B		
Quality of Work	1	2	3	4	5	6	N/B		
Integrity	1	2	3	4	5	6	N/B		
Demonstrates maturity/tact	1	2	3	4	5	6	N/B		
Good judgment/common sense	1	2	3	4	5	6	N/B		
Organizational skills	1	2	3	4	5	6	N/B		
Complies with policies/procedures	1	2	3	4	5	6	N/B		
Provides loyal support	1	2	3	4	5	6	N/B		
Interpersonal skills	1	2	3	4	5	6	N/B		
Motivated	1	2	3	4	5	6	N/B		
Effective communication skills	1	2	3	4	5	6	N/B		
Planning skills	1	2	3	4	5	6	N/B		
Positive attitude	1	2	3	4	5	6	N/B		
Teamwork	1	2	3	4	5	6	N/B		
Leadership skills	1	2	3	4	5	6	N/B		
Overall rating of this individual	1	2	3	4	5	6	N/B		
Comments:									

**Your observations were made as the applicant's:** Supervisor \_\_\_ Co-worker \_\_\_ Teacher \_\_\_ Friend \_\_\_ Other \_\_\_  
**Applicant's position?** \_\_\_\_\_  
**Would you rehire the applicant?** Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Southeast New Mexico Community Action Corporation**

**Human Resources Department**

**1915 San Jose Boulevard**

**Carlsbad, New Mexico 88220-5462**

**(575) 887-3939 (888) 743-3428**

**Fax (575) 887-6357**

**www.snmcac.org**

**REFERENCE CHECK FORM**

**Instructions for the Applicant:** Complete the top portion of this form. Sign and return it with your application. This form will be processed by the Human Resources Department and will be valid as the original.

**Applicant's Name:** \_\_\_\_\_ **SS#** **XXX-XX** \_\_\_\_\_ Last four (4) digits only

I have applied for employment with SNMCAC for the following position: \_\_\_\_\_  
Consideration of my application depends on the receipt of your response. In advance, I appreciate your promptness. Your responses are CONFIDENTIAL and not shared with me. Thank you.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, please do not write below this line

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Resigned: \_\_\_\_\_

Instructions for the Addressee: Please complete form and return as soon as possible. Circle a rating for each factor.

1 – Unacceptable; 2 – Requires Improvement; 3 – Acceptable; 4 – Competent; 5 – Commendable; 6 – Superior; N/B – No Basis for Judgment

Factors	Rating Scale								Comments
PERSONAL QUALITIES									
General Appearance	1	2	3	4	5	6	N/B		
Attendance	1	2	3	4	5	6	N/B		
Cooperation	1	2	3	4	5	6	N/B		
Initiative	1	2	3	4	5	6	N/B		
Job Knowledge	1	2	3	4	5	6	N/B		
Quality of Work	1	2	3	4	5	6	N/B		
Integrity	1	2	3	4	5	6	N/B		
Demonstrates maturity/tact	1	2	3	4	5	6	N/B		
Good judgment/common sense	1	2	3	4	5	6	N/B		
Organizational skills	1	2	3	4	5	6	N/B		
Complies with policies/procedures	1	2	3	4	5	6	N/B		
Provides loyal support	1	2	3	4	5	6	N/B		
Interpersonal skills	1	2	3	4	5	6	N/B		
Motivated	1	2	3	4	5	6	N/B		
Effective communication skills	1	2	3	4	5	6	N/B		
Planning skills	1	2	3	4	5	6	N/B		
Positive attitude	1	2	3	4	5	6	N/B		
Teamwork	1	2	3	4	5	6	N/B		
Leadership skills	1	2	3	4	5	6	N/B		
Overall rating of this individual	1	2	3	4	5	6	N/B		
Comments:									

**Your observations were made as the applicant's:** Supervisor \_\_\_ Co-worker \_\_\_ Teacher \_\_\_ Friend \_\_\_ Other \_\_\_  
**Applicant's position?** \_\_\_\_\_  
**Would you rehire the applicant?** Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_