



**THERAPEUTIC LIVING SERVICES, INC.**  
**A Community Mental Health Center**

**AN EQUAL OPPORTUNITY EMPLOYER**

5601 Domingo Road N.E. • Albuquerque, NM 87108 • Phone: 505-268-5295 • Fax: 505-268-9967

## EMPLOYMENT APPLICATION

DATE:

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO	CITY	STATE	ZIP
PERSONAL EMAIL ADDRESS:				
ARE YOU 18 (21 if the job requires driving) OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	DRIVER'S LICENSE NUMBER		ISSUING STATE

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO TLS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR TLS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT TLS		
WHO REFERRED YOU TO TLS? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER		

### EDUCATION

SCHOOL LEVEL	NAME/LOCATION	YEAR(S) ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
SPECIAL TRAINING:				
SPECIAL SKILLS:				
IN ADDITION TO ENGLISH, WHAT OTHER LANGUAGES DO YOU SPEAK?:				

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE	RANK

**FORMER EMPLOYERS** (LIST BELOW, STARTING WITH THE MOST RECENT)

EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR NAME		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR NAME		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR NAME		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

LIST BELOW PROFESSIONAL REFERENCES (PERSONS YOU ARE NOT RELATED TO) YOU HAVE KNOWN AT LEAST ONE YEAR. TWO REFERENCES MINIMUM, THREE PREFERRED.

	NAME	BUSINESS ADDRESS & PHONE NUMBER	BUSINESS	YEARS AQUAINTED
1				
2				
3				

**APPLICANT'S ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION**

In exchange for Therapeutic Living Services, Inc.'s (hereinafter TLS) consideration of this employment application:

I understand and agree that TLS or any agency acting on their behalf and any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which TLS, agent or agents, or persons may have. I specifically authorize said disclosure and agree to extend absolute immunity to and release the above named references from any liability in connection with any actions, communications or disclosures, including otherwise privileged or confidential information, providing they observe certain conditions of good faith and reasonableness in reporting their observations and knowledge of my ethical character, ability to work cooperatively with others, and other information relevant to consideration of my qualifications for employment to representatives of TLS. I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

I understand and agree that: TLS maintains a drug-free workplace, which is essential for workplace and employee safety; I have been advised TLS is an Equal Opportunity Employer; TLS does not discriminate against persons on the basis of age, sex, sexual orientation, race or color, national origin, religion or who are physically or mentally handicapped, and TLS administers its employment policies in a nondiscriminatory manner.

I specifically authorize TLS to fingerprint me, test me for drugs, tuberculosis, investigate my background, including all references, available criminal and other judicial records, education history, licensure or certification, and my credit record, consistent with applicable law. I understand that TLS will notify me if a credit record investigation is performed and the sources investigated. I authorize TLS to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for TLS's consideration of my employment, and I specially release and hold TLS harmless for any liabilities arising out of their investigation of my application for employment.

All offers of employment are contingent upon passing a drug screening test, receiving a negative TB test result, a clean background investigation and final clearance from the Caregivers Criminal History Screening Program (CCHSP). To conduct the CCHSP clearance, I agree to provide all requested information and documents to TLS staff, and agree that they will be forwarded to the NM Departments of Health and Public Safety, and to the Federal Bureau of Investigation. Failure to receive clearance from the CCHSP will result in termination or no hire if disqualifying information is received prior to the start date. While criminal convictions shall not automatically bar an applicant from obtaining employment with TLS, pursuant to the Criminal Offender Act, N.M. Stat. Ann. NMSA 1978, § 20-17-1 to 5 and Section 307, § 28-2-4 § 28-2-5, § 29-10-6(A) (Repl. 1990), and § 29-17-5 (1978) (as amended or recodified in the future), it may be the basis for refusing employment.

I understand and agree that, if hired, my employment will be at-will, and that I or TLS can terminate this employment relationship at any time, with or without notice, for any legal reason, without recourse by either of us.

I certify that all information I have supplied in this application and any other form, oral or written is true and accurate, and I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application, refusal to hire or immediate discharge. I hereby certify that I have read and understand the Terms and Conditions of this application.

**Applicant's Printed Name:** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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**CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM  
(CCHSP)  
REQUIRED INFORMATION & AGREEMENT**

New Mexico State law requires that all employees who have regular, unsupervised contact with mentally ill adult clients or their money undergo a federal (FBI) criminal history screening. To comply, Therapeutic Living Services, Inc. (TLS) must submit the requested information below along with a copy of your driver's license or other official photo identification to the New Mexico Department of Health (CCHSP). In addition, you may be required to provide fingerprints. Employment with TLS is contingent upon successful clearance through this program. Employees that resign or are terminated during the first 90 days of employment, shall have the \$73.30 fee for the CCHSP deducted from their final paycheck. Employees will receive a copy of the letter from the CCHSP showing the results of these inquiries. If, at a later date, current or former employees need a copy of this letter, they must request it in writing through the Finance & Administration Department and may be required to pay the cost of copying.

To qualify for employment at TLS, I agree to provide the information requested below, and as stated above. I acknowledge that if I resign or am terminated by TLS during my first 90 days of employment, the \$73.30 fee for the CCHSP screening will be deducted from my final paycheck.

SSN: \_\_\_\_\_

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

First Name: \_\_\_\_\_

Phone Type: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

Permanent/Physical Address:

Suffix: \_\_\_\_\_

Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address Line 1:

Race: \_\_\_\_\_

Address Line 2:

Gender: \_\_\_\_\_

City: \_\_\_\_\_

Eye Color: \_\_\_\_\_

State: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Height: \_\_\_\_\_

Mailing Address

Weight: \_\_\_\_\_

Same as Permanent Address:  YES  NO

US Citizen: \_\_\_\_\_

If no, provide permanent address below:

Place Of Birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature

Date

Revised: 03/20/2023