



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	APT. NO.	CITY		STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY		STATE	ZIP
ARE YOU 18 (21 if job requires driving) OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	DRIVER'S LICENSE NUMBER		ISSUING STATE	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER BEEN CONVICTED OF A DWI? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN WHEN, WHERE (which state?), AND WHAT YOU WERE CONVICTED OF (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION). IF YES to DWI, DO YOU HAVE AN INTERLOCK SYSTEM INSTALLED IN ANY VEHICLE YOU DRIVE OR OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO					

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
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"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK-IN
		<input type="checkbox"/> FRIEND <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 THREE PROFESSIONAL REFERENCES (PERSONS YOU ARE NOT RELATED TO) YOU HAVE KNOWN AT LEAST ONE YEAR. TWO WHO HAVE SUPERVISED YOU IN SOME CAPACITY, AND ONE WHO HAS NOT BEEN YOUR SUPERVISOR OR MANAGER IN PREVIOUS JOBS.**

	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, a 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