



P.O. BOX 158
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Phone: 505-747-5940
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Web Site: www.ecfh.org

EMPLOYMENT APPLICATION

In compliance with federal and state law, qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, sexual orientation, gender identity, spousal affiliation, disability, physical or mental handicap or serious medical condition and any other classifications prescribed under applicable federal, state or local law . Where appropriate, El Centro Family Health, will provide reasonable accommodation on the basis of religion, disability, physical or mental handicap or serious medical condition. Applicants requiring accommodations in order to participate in the interview process are requested to contact a Human Resources Representative.

INSTRUCTIONS: Please read carefully. A separate application must be completed and submitted for each position for which you seek consideration. Resumes will not be accepted in lieu of completed applications, but are considered to be supplemental information. El Centro Family Health is not obligated to return resumes, transcripts, letters of reference and other information submitted with the application. Persons hired by El Centro Family Health are required to present proof of identification and of their legal eligibility to work in the United States prior to beginning work. Only persons authorized to work in the United States will be hired for employment. Failure to complete all sections of this application, as well as other requirements, as noted in the following may disqualify you from consideration for employment. (Note: Applicants applying for management position must also submit a cover letter and resume).

If additional space is needed, use page four. Please key additional information to the item on the application to which it refers.

PERSONAL DATA

Name: _____
(Last Name, First Name, Middle Initial)

Former name used which may appear on educational and prior employment records: _____

Mailing Address: _____ Home Phone: _____

City, State, Zip _____

E-mail address: _____

Permanent Address: _____ Home Phone: _____
(Street)

(City, State, Zip)

Date available for employment: _____ Minimum salary required \$: _____

NOTE: Applications will only be considered for one position. If you wish to apply for more than one position, a new application must be completed for each position. Once the position has been filled, your application will no longer be active.

Position applied for _____

Type of employment sought: Full Time Part-Time Temporary PRN

Referral Source: Rio Grande Sun Taos News SFe New Mexican LV Optic Alb. Journal
 Dept. WFS ECFH Web Other (Please Specify) _____

Do you have a valid NM drivers' license? Yes No

Do you have proof of automobile insurance? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes No

*If yes, describe in full, including the date, city, state, and disposition of the conviction.

Have you ever been suspended or disbarred from a federal Contract? Yes No

*If yes, describe in full.

ECFH is a Drug-Free Work Place. If selected for the position will you submit to a drug test? Yes No

Do you have any relatives currently employed with ECFH? Yes No

If yes, name the department where employed and relationship to you?

Have you ever been employed at ECFH? Yes No If yes give dates: _____

EDUCATION:

The following information will be considered only when there is a bona fide occupational requirement.

SCHOOL	NAME & LOCATION	MAJOR COURSES OR FIELD OF STUDY	TYPE OF CERTIFICATE/DIPLOMA /DEGREE
High School			
Vocational/Business			
Technical Institutes			
Colleges/Universities			
Military Service Schools			

Employment History: Please list in order with your most recent employer first.

Failure to fill out application accurately and complete otherwise may disqualify you for further consideration for the position.

1) NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

Employed from: _____ To: _____ Pay Rate/hour: _____
mm/date/year mm/date/year

Full-Time Part-Time Temporary PRN Contract Internship Student
Please indicate the percentage of time you spent doing the specific duties relating to the position.

10% 20% 30% 40% 50% 60% 70% 80% 90 % 100%

Other - Specify _____

Title: _____ Supervisor: _____

E-Mail Address: _____ Business phone: _____

May we contact employer: Yes No

Reason for leaving: _____

Duties: _____

2) NAME AND ADDRESS OF PREVIOUS EMPLOYER:

Employed from: _____ To: _____ Pay Rate/hour: _____
mm/date/year mm/date/year

Full-Time Part-Time Temporary PRN Contract Internship Student
Please indicate the percentage of time you spent doing the specific duties relating to the position.

10% 20% 30% 40% 50% 60% 70% 80% 90 % 100%

Other - Specify _____

Title: _____ Supervisor: _____

E-Mail Address: _____ Business phone: _____

May we contact employer: Yes No

Reason for leaving: _____

Duties: _____

3) **NAME AND ADDRESS OF PREVIOUS EMPLOYER:**

Employed from: _____ To: _____ Pay Rate/hour: _____
mm/date/year mm/date/year

Full-Time Part-Time Temporary PRN Contract Internship Student

Please indicate the percentage of time you spent doing the specific duties relating to the position.

10% 20% 30% 40% 50% 60% 70% 80% 90 % 100%

Other - Specify _____

Title: _____ Supervisor: _____

E-Mail Address: _____ Business phone: _____

May we contact employer: Yes No

Reason for leaving: _____

Duties: _____

-

4) **NAME AND ADDRESS OF PREVIOUS EMPLOYER:**

Employed from: _____ To: _____ Pay Rate/hour: _____
mm/date/year mm/date/year

Full-Time Part-Time Temporary PRN Contract Internship Student

Please indicate the percentage of time you spent doing the specific duties relating to the position.

10% 20% 30% 40% 50% 60% 70% 80% 90 % 100%

Other - Specify _____

Title: _____ Supervisor: _____

E-Mail Address: _____ Business phone: _____

May we contact employer: Yes No

Reason for leaving: _____

Duties: _____

SPECIAL SKILLS: Check all skills that apply

___ Calculator ___ Microsoft Office ___ Computer Terminal ___ Keyboarding ___ E-Mail

___ CPR ___ First Aid ___ LPN License ___ RN License ___ CDA Certificate

___ Other Licensure: _____

CONFIDENTIALITY OF INFORMATION:

ECFH will endeavor to keep the information confidential to the extent permitted by law.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with El Centro Family Health is true, complete, and correct. I understand and acknowledge that I may be required to submit to a pre-employment physical, including drug test as a condition of employment with El Centro Family Health. Should this be required, I agree to such tests, to include by not limited to the following: Completion of criminal background check, drug screen with clear results, verification of previous employment, completions of three professional reference checks and recommendations, proof of education, proof of auto insurance, clear driving record and any other documents that may be required for approving you to work with El Centro Family Health. I understand that any information provided by me that is found to be untrue, incomplete, omitted or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from El Centro Family Health service, whenever it is discovered.

I expressly authorize, without reservation, El Centro Family Health, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding El Centro Family Health, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that El Centro Family Health 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.

I understand a separate resume must be completed and submitted for each position. If it is determined that my qualifications meet the requirements of the position I applied for, El Centro Family Health will contact me.

If I am hired, I understand that my employment with El Centro Family Health will be at-will. This means that I am free to resign at any time, with or without cause, and without prior notice, and El Centro Family Health 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. This application does not constitute any agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of El Centro Family Health 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 Chief Executive Officer of El Centro Family Health.

I also 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 to this regard no later than first day of hire.

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 applicant statement.

Signature: _____ Date: _____(MM/DD/YYYY)