



N E W M E X I C O

HEART INSTITUTE

APPLICATION FOR EMPLOYMENT

Date: _____

NM Heart Institute does not discriminate in employment on the basis of race, color, religion, gender, sexual orientation, national origin, age or disability. Questions on this application are not intended to secure information to be used in discrimination.

Applicant Name: First _____ MI _____ Last _____ (Maiden Name if Applicable)	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	Home Telephone #: (____) _____ - _____ Cell #: (____) - _____
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Present Address: (Include City, State, and Zip Code)

Previous Address: (If at present address less than 12 months)

Position(s) Applied For:	Type of Position: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Shift(s) Available to Work: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	Wage or Salary Desired: \$ _____ How were you referred to us? _____
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Are you authorized to work in the United States? Yes No

Have you ever worked for NM Heart Institute? Yes No If yes, when?

Are you available to periodically work overtime if required? Yes No

Are you willing to travel? Yes No

Have you ever quit, been discharged, or been asked to leave employment by your previous employers? Yes No

If yes, please explain? _____

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes No If yes, give date and details of each offense. _____

Are you presently charged with any violation of the law? Yes No If yes, give date, place and nature of each charge: _____

EDUCATIONAL BACKGROUND

Type of School	Name of School, City, State	Check last year attended	Degree/Diploma/Certificate
High School / GED:		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School or Other:			

Active Military Service: From _____ To _____

List any professional licenses, registration or certification you currently hold, including driver license, if applicable to the position you are applying for:

Type:	State Issued In:	Expiration Date:	Number:

EMPLOYMENT HISTORY

Please provide a minimum of the most recent 10 years of employment history including any period of unemployment. Attach additional pages as needed. List below, beginning with your most recent employer.

Company Name & Address:	Telephone Number	Supervisor's Name & Title	From: To:
Position(s) Held: Salary: \$	Reason for Leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties Performed:			

EMPLOYMENT HISTORY CONTINUED

Company Name & Address:	Telephone Number:	Supervisor's Name & Title:	Employment Dates:
			From: To:
Position(s) Held:	Reason for Leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary: \$			
Duties Performed:			

Company Name & Address:	Telephone Number:	Supervisor's Name & Title:	Employment Dates:
			From: To:
Position(s) Held:	Reason for Leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary: \$			
Duties Performed:			

PROFESSIONAL REFERENCES: (preferably a manager or supervisor)

Name	Occupation	Telephone	How many years known?

In case of emergency, notify: _____ Phone Number: (_____) _____

Relationship: _____ Address: _____

AGREEMENT

I certify that the information in this application is true and complete. It may be verified by NM Heart Institute should a position be offered and after it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that NM Heart Institute is relieved of all commitments, financial or otherwise, relative to employment, and that I am subject to immediate discharge without recourse.

Initial: _____

Compliance with NM Heart Institute substance abuse policy is a condition of employment. NM Heart Institute requires that every newly hired employee be free of alcohol or drug use on the premises of NM Heart Institute. Offer of employment is contingent upon successfully completing a test/screen for alcohol and drugs in accordance with NM Heart Institute's policy. Continued employment is also contingent upon compliance with NM Heart Institute's Alcohol and Drug Abuse policy.

Initial: _____

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar's office of all educational institutions attended to release an official copy of my transcript. I also authorize any appropriate licensing boards to release full information concerning my licensure status and my license history.

Initial: _____

I authorize NM Heart Institute to conduct a criminal background check on myself. I understand that all information will remain confidential. If I am adversely impacted because of information obtained through an investigative consumer report, I will be afforded a review process in accordance with Federal and State Fair Credit Reporting Acts.

Initial: _____

I authorize NM Heart Institute to conduct a motor vehicle check through an investigative consumer report if I am applying for a position that requires driving as part of the job. I understand and agree that I may not be considered for such position if my driving record is not in good standing.

Initial: _____

I agree that a photocopy of this statement is to have the same effect as the original.

Initial: _____

Applicant's Signature: _____ **Date:** _____