



**EMPLOYMENT HISTORY**

Beginning with the most recent employer, provide at least 12 years of employment including unemployment.  
Attach additional pages as needed.

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

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

Company Name & Address	Telephone #	Supervisor's Name & Title	Employment Dates
			From: To:
Position(s) Held:	Reason for Leaving:	May we contact them?	
Salary: \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 including any additional pages 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 NMHI to conduct a criminal background check on myself. I understand that all information will remain confidential. If I am adversely impacted due to 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:** \_\_\_\_\_