

Application for Employment



Equal access to programs, services, and employment opportunities is available to all persons without regard to race, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Please Print

Name _____ Agency Rep. Initials _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Cellular / Other Phone # (____) _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (e.g. Walk-In, Job Posting, Company's Website, etc.) _____

Is applicant applying to work with a specific client?..... Yes No If yes, client name _____

If necessary, best time to call you is _____ AM
_____ PM
 Home Cellular/Other

May we contact you at work?..... Yes No
If yes, work number and best time to call: _____ AM
(____) _____ PM

Have you ever submitted an application here before?..... Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed here before?..... Yes No
If yes, give dates: From: ____/____/____ To: ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No
If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?..... Yes No

Date available for work..... ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired:
 Full-Time Part-Time Seasonal
 Temporary Educational Co-Op

Will you relocate if job requires it?..... Yes No
Will you travel if job requires it?..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?..... N/A Yes No

Will you work overtime if required?..... Yes No
If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions to respond.

Driver's license number required if driving may be required in the job for which you are applying.

DL# _____ State _____

Have you ever been bonded?..... Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?..... Yes No
If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer ()	Telephone #	Dates Employed:	Month / Year	to	Month / Year
Street Address	City	State	Compensation (Starting)		
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
Starting Job Title / Final Job Title			Commission/Bonus/Other Compensation \$ _____		
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)		
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	E-mail:		Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer ()	Telephone #	Dates Employed:	Month / Year	to	Month / Year
Street Address	City	State	Compensation (Starting)		
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
Starting Job Title / Final Job Title			Commission/Bonus/Other Compensation \$ _____		
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)		
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	E-mail:		Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer ()	Telephone #	Dates Employed:	Month / Year	to	Month / Year
Street Address	City	State	Compensation (Starting)		
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
Starting Job Title / Final Job Title			Commission/Bonus/Other Compensation \$ _____		
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)		
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	E-mail:		Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer ()	Telephone #	Dates Employed:	Month / Year	to	Month / Year
Street Address	City	State	Compensation (Starting)		
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
Starting Job Title / Final Job Title			Commission/Bonus/Other Compensation \$ _____		
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)		
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	E-mail:		Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying: _____

Word Processing _____ Level: _____ Internet _____ Level: _____
 Spreadsheet _____ Level: _____ Other _____ Level: _____
 Presentation _____ Level: _____ Other _____ Level: _____
 E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship To You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related

When answering these questions, please exclude any information that would reveal race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, 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 provide by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer 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 employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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 of Applicant _____ Date _____ / _____ / _____



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____ understand that as part of the employment process, Mountain Shadows Home Care, Inc. needs to complete a background check on me regarding:

- | | |
|--|--|
| 1. Personal/Professional Reference; Verification | 5. Fingerprinting |
| 2. Employment Verification | 6. Nation & Statewide Criminal Screening |
| 3. RN & LPN License Verification | 7. Citizenship |
| 4. Motor Vehicle Records | |

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Mountain Shadows Home Care, Inc. or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief.
- I understand that employment with Mountain Shadows Home Care Inc. is contingent upon successful completion of a background check.

Signature: _____ Date: _____

First Name _____ Middle Name _____ Last Name _____

Former Name(s) and Date(s) Used: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ DOB: _____ Social Security #: _____

Country You Were Born In: _____ Place of Birth: _____

Current Driver's License #: _____ State: _____

- Race/Ethnicity: White Black / African American American Indian / Alaskan Native
 Asian Hispanic / Latino Native Hawaiian / Pacific Islander
 Two or More Races

List any other cities, states, and dates of residency during the last 7 years (Use back of sheet, if necessary)

City	State	From: Month / Year	To: Month / Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CONDITIONS OF EMPLOYMENT

*We care, value the health and safety of all our clients therefore **all** applicants must be in compliance with State, Federal laws, & Company policies. All applicants are required to complete all of the following requirements.*

If your pre-employment requirements meet the standards, you may then be eligible to receive an offer of employment.

Employment Requirements
- Competency Exam You must pass a State required Competency exam with an 80% or better.
- Employment Reference Check Mountain Shadows Home Care will contact your former employers to verify your dates of employment and other pertinent employment information.
- Immigration Law- Must be able to provide proof of citizenship or a legal right to work in this country.
- COR- Caregiver On-Line Registry Mountain Shadows Home Care will check the caregiver registry to assure you have no disqualifying reports.
- Nursing Licenses (If applicable) The Director of Nursing will check with the State Board of Nursing on-line for clearance.
- New Mexico Background Clearance Mountain Shadows Home Care will perform a NM background clearance check.
- Training- All Applicants are required to complete 12 hours of training initially and 12 hours annually
- TB Clearance All Applicants are required to complete a 2-step Tuberculosis test. You must have it read within 48-72 hours of testing and have this clearance prior to an offer of employment.
- Motor Vehicle Record (MVR) Mountain Shadows Home Care will print off your MVR to assure there are no violations which may disqualify you from employment.
- CPR & First Aide All applicants are required maintain a current CPR & First Aide Certificate. The class is provided for you by Mountain Shadows Home Care. You must complete the certification within the first 90 days of employment and maintain certified throughout your employment.
- Fingerprinting Prior to employment, applicants must submit to a nationwide caregiver criminal history screening, pursuant to 7.1.9 NMAC and in accordance with NMSA 1978, Section 29-17-2 et seq., of the Caregivers Criminal History Screening Act, performed by an agency certified to conduct such checks; attendants are required to submit to a criminal history screening within the first 20-days of hire; an attendant may be conditionally hired by the agency contingent upon the receipt of written notice from the certified agency of the results of the nationwide criminal history screening; attendants who do not successfully pass a nationwide criminal history screening are not eligible for further PCO service employment; <u>Process:</u> You must provide a copy of your current Driver's License for the Nationwide clearance to MSHC, then go to the local fingerprinting company to get your fingerprints taken. Return the proof of completion of the fingerprint process to the MSHC. After proof of your fingerprinting is received it may take up to 48 hours to receive the report.
- Americans with Disabilities Act each job description has physical requirements designated as part of the job description. In accepting a position with Mountain Shadows Home Care, the employee must indicate his/her ability to meet the physical demands of the job and complete a medical questionnaire.

Applicant Signature _____ Date _____



Mountain Shadows

HOME CARE INC.

THANK YOU FOR APPLYING WITH MOUNTAIN SHADOWS HOME CARE!!! WE LOOK FORWARD TO WORKING WITH YOU!!
PLEASE REVIEW YOUR APPLICATION TO ENSURE YOUR CONTACT NUMBERS ARE CORRECT.

To assist us in the hiring process we ask that upon returning your application you provide us with:

1. Proof of vehicle insurance-NOT EXPIRED
2. Any CPR/First Aid Certificates-NOT EXPIRED
3. Any T.B vaccine clearance forms or copy of
4. 2 forms of Identification-(for compliance with Dept of Homeland Security I-9).
One form will be used for DOH Background check system.

YOU MAY PROVIDE ONE ITEM FROM LIST A	OR	ONE FROM LIST B	ONE FROM LIST C
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.