



## The New Beginnings

8908 Washington St NE – Albuquerque NM 87113

Phone # 505-797-3359 Fax # 797-2910

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### AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, ancestry, religion, sex, age, disability or serious medical condition. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

## Employment Application

Today's Date:	Position Desired:	
Last Name:	First Name:	
SS#:		
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Emergency Contact (Name/Phone #):		
Desired Employment: Full Time ___ Part Time ___ PRN ___ Respite ___		
Shifts Available To Work: Days ___ Weekends ___ Graveyard ___ Swing ___		
Do you have a valid driver's license? Yes ___ No ___ Driver's License Number _____ Ever suspended/revoked in the last 3 years? Yes ___ No ___ If yes, give details _____ _____		
Do You Have A Vehicle? ___ Registration? ___ Auto Insurance? ___		

Applicable to Direct Care Positions **Only:**

Are you able to perform the following job tasks:

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting (50 lbs)                     | <input type="checkbox"/> Preparing meals for individuals |
| <input type="checkbox"/> Driving (transporting individuals)   | <input type="checkbox"/> Personal care                   |
| <input type="checkbox"/> Providing supervision of individuals | <input type="checkbox"/> Attending Trainings/Meetings    |
| <input type="checkbox"/> Completing documentation             | <input type="checkbox"/> Be present at Appointments      |
| <input type="checkbox"/> Housekeeping                         | <input type="checkbox"/> Being on time to shifts         |

### Education

High School Diploma: Yes \_\_\_ No \_\_\_ Level Completed \_\_\_\_\_

GED: Yes \_\_\_ No \_\_\_ If Yes: Year \_\_\_\_\_

College: Yes \_\_\_ No \_\_\_ Level Completed \_\_\_\_\_ Degree: Yes \_\_\_ No \_\_\_

If Yes, Please Describe Degree \_\_\_\_\_

Do you have any relative training in this field? Yes \_\_\_ No \_\_\_

If Yes, Please

Explain: \_\_\_\_\_

### Professional References

Name: Amount of Time Known: Number:

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### Training

CPR/First Aide: Yes \_\_\_ No \_\_\_ Mandt/CPI: Yes \_\_\_ No \_\_\_ AWMD: Yes \_\_\_ No \_\_\_

Pre Service: Yes \_\_\_ No \_\_\_ Vision To Action: Yes \_\_\_ No \_\_\_

Basic Health: Yes \_\_\_ No \_\_\_ ISP: Yes \_\_\_ No \_\_\_ Level One Health: Yes \_\_\_ No \_\_\_

Rights And Advocacy: Yes \_\_\_ No \_\_\_ Universal Precautions: Yes \_\_\_ No \_\_\_

### Employment History

Company Name: Address:

Start Date: Ending Date: Hourly Rate:

Job Duties:

Title:

Reason For Leaving:

Supervisor Name/Phone #:

<b>Company Name:</b>		<b>Address:</b>	
<b>Start Date:</b>	<b>Ending Date:</b>	<b>Hourly Rate:</b>	
<b>Job Duties:</b>			
<b>Title:</b>			
<b>Reason For Leaving:</b>			
<b>Supervisor Name/Phone #:</b>			
<b>Company Name:</b>		<b>Address:</b>	
<b>Start Date:</b>	<b>Ending Date:</b>	<b>Hourly Rate:</b>	
<b>Job Duties:</b>			
<b>Title:</b>			
<b>Reason For Leaving:</b>			
<b>Supervisor Name/Phone #:</b>			
<b>Company Name:</b>		<b>Address:</b>	
<b>Start Date:</b>	<b>Ending Date:</b>	<b>Hourly Rate:</b>	
<b>Job Duties:</b>			
<b>Title:</b>			
<b>Reason For Leaving:</b>			
<b>Supervisor Name/Phone #:</b>			



**AFFIDAVIT OF APPLICANT: Please Read Each Statement Carefully Before Signing**

I certify that all information provided herein is true and complete. It is understood and agreed upon that any misrepresentation on this application may disqualify me from further consideration for employment and will be sufficient cause for dismissal, if discovered at a later date. I give The New Beginnings, LLC the right to investigate all references and to secure additional information, if job related. *I understand my continued employment is contingent upon the receipt of a CCHS clearance. The New Beginnings, LLC is a drug free work place, persons accepting employment can be subject to random drug testing. I agree to take the required job related trainings within the given period.* This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

*I have read, understand, and by my signature consent to these statements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date