



APPLICANT INFORMATION

First Name		M.I.		Last Name		Date Available	
Date of Birth		Social Security No.		-	-		
Street Address						Apartment/Unit #	
City		State		ZIP			
Mailing Address						Apt/Unit/ #	
City		State		ZIP			
Phone				E-mail Address			
Position Applied for						Desired Salary	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

EMERGENCY CONTACT INFORMATION

Name		Phone Number		Relationship	
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EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship		Company	
Address				Phone	
Full Name		Relationship		Company	
Address				Phone	
Full Name		Relationship		Company	



Company		Phone	
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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE
<p>Authorization:</p> <ol style="list-style-type: none"> I certify that I have read and fully completed all pages of this application and that all information contained herein is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I acknowledge that Vista Taos reserves the right to amend or modify the policies in its Handbook and other policies at any time, without prior notice. These promises do not create any promise or contractual obligations between Vista Taos and its employees. At Vista Taos, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Vista Taos retains the same rights.
<p>Signature _____ Date _____</p>

EMPLOYMENT INFORMATION *TO BE COMPLETED BY SUPERVISOR*			
Job Title		Location	<input type="checkbox"/> Vista Taos <input type="checkbox"/> Casa <input type="checkbox"/> Remote
Direct Supervisor		Hire Date	
On File	<input type="checkbox"/> Background/Drug Screen <input type="checkbox"/> I9 (with documents) <input type="checkbox"/> Federal W4 <input type="checkbox"/> NM W4 <input type="checkbox"/> Handbook Signed <input type="checkbox"/> Direct Deposit Auth. <input type="checkbox"/> Benefits Packets (FT Only)		



Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Pay Rate	<input type="checkbox"/> Salary \$ _____/yr.	<input type="checkbox"/> Hourly \$ _____/hr.
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