



APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Mailing Address					Apt/Unit/ #					
City			State			ZIP				
Phone				E-mail Address						
Date Available		Social Security No.			-		-		Date of Birth	
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?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

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									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									



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"/>			
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"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EMERGENCY CONTACT INFORMATION			
Last Name	First Name	Relationship To Employee	
Address	Phone		



DISCLAIMER AND SIGNATURE

Authorization:

1. 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.
2. 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.
3. 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.

Signature

Date

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.	