



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



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	
Authorization:	
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
Signature	Date

EMPLOYMENT INFORMATION *TO BE COMPLETED BY ADMINISTRATIVE DIRECTOR*			
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.