



A private non-profit organization helping others become self-sufficient  
**CSFP & Food Bank, 401 S. Commercial, Farmington**  
 505-325-8222; fax: 505-324-6502

**Application for Employment**

**Position for which you are applying**

**Program for which you are applying**

**PLEASE READ THIS BEFORE COMPLETING THE APPLICATION FORM:**

The completed application must be submitted to the Human Resources Department or to the Program Manager of the Program of ECHO, Inc. of which you are applying. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Please complete both sides of application form.

The application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Not all applicants will be interviewed. Please type or print in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume along with the completed application. False, incomplete or inaccurate information is cause for disqualification or discharge.

We consider applicants for all positions without regard to race, color, religion, sex, national origin age, disability, or any other legally protected status. We are an Equal Opportunity Employer and a Drug and Alcohol-Free Workplace.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle initial (if any)

Social Security Number: \_\_\_\_\_ Work Permit No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical/Street Address (if different): \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Number: \_\_\_\_\_ message phone: \_\_\_\_\_

Do you have a Valid New Mexico Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date \_\_\_\_\_

**GENERAL INFORMATION:**

Other than English, what languages do you speak fluently? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank \_\_\_\_\_

Can you work legally in the United States? \_\_\_\_ Yes \_\_\_\_ No (if hired, eligibility & identity proof required)

May we contact PRESENT employer \_\_\_\_ Yes \_\_\_\_ No Previous employer? \_\_\_\_ Yes \_\_\_\_ No

When would you be available to start if hired? \_\_\_\_\_ Work Schedule? \_\_\_\_\_

Full-time Part Time Temporary

**Have you ever been convicted of a Felony? \_\_\_\_ Yes \_\_\_\_ No If "yes", on a separate piece of paper please give date(s), the specific charge(s) and fully explain the situation. A conviction is not necessarily a bar to employment.**

**EDUCATION**

High School: Circle Grade completed 9 10 11 12 Did you graduate? \_\_\_Yes \_\_\_No

College: (include Junior College & Community College)

Dates from and to	Graduated	Diploma/Certificate	Course
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Other Training or Education:

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U.S. Military Service Training/skills:

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I heard about this position from: \_\_\_\_\_.

I am related to \_\_\_\_\_ who is currently employed by ECHO Inc.

**EMPLOYMENT EXPERIENCE:** List below your last Four (4) employers, starting with the most recent and/or Current Job First

Dates from-to	Employer Name/Address/Phone	Salary	Position	Reason for Leaving

**AGREEMENT AND CONSENT**

1. I certify that these answers are true and correct to the best of my knowledge.
2. I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I understand that misrepresentation or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with ECHO Inc. if I have been employed. I agree that ECHO Inc. will not be held liable in any respect if any employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any additional information supplied by me later as part of this application. ECHO Inc. is an equal opportunity employer. Drug testing may be required.
3. I hereby acknowledge that I have read and agree to the above statement.

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Applicant SignatureDate submitted

Received by:

Interviewed: