

EMPLOYMENT APPLICATION
PO Box 550, Tularosa, NM 88352
(575) 585-2015



TULAROSA COMMUNICATIONS is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, disability or handicap, or veteran status in accordance with applicable federal, state and local laws. TC complies with applicable state and local law governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment including, but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____ DATE _____
STREET ADDRESS _____ APT/UNIT _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL ADDRESS _____
DATE AVAILABLE _____ SOCIAL SECURITY NO. _____

POSITION APPLIED FOR _____

ARE YOU A CITIZEN OF THE UNITED STATES? ____ YES ____ NO
IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? ____ YES ____ NO

EDUCATION

HIGH SCHOOL _____ ADDRESS _____ FROM _____ TO _____
DID YOU GRADUATE? ____ YES ____ NO DEGREE RECEIVED _____

COLLEGE _____ ADDRESS _____ FROM _____ TO _____
DID YOU GRADUATE? ____ YES ____ NO DEGREE RECEIVED _____

OTHER _____ ADDRESS _____ FROM _____ TO _____
DID YOU GRADUATE? ____ YES ____ NO DEGREE RECEIVED _____

REFERENCES (PLEASE LIST 3 PROFESSIONAL REFERENCES)

FULL NAME _____ RELATIONSHIP _____
COMPANY _____ CONTACT PHONE _____

FULL NAME _____ RELATIONSHIP _____
COMPANY _____ CONTACT PHONE _____

FULL NAME _____ RELATIONSHIP _____
COMPANY _____ CONTACT PHONE _____

PREVIOUS EMPLOYMENT (PLEASE LIST LAST EMPLOYER FIRST)

COMPANY _____ CONTACT PHONE _____
ADDRESS _____ SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? ____ YES ____ NO

COMPANY _____ CONTACT PHONE _____
ADDRESS _____ SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? ____ YES ____ NO

COMPANY _____ CONTACT PHONE _____
ADDRESS _____ SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? ____ YES ____ NO

MILITARY SERVICE

BRANCH _____ FROM _____ TO _____
RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____
IF OTHER THAN HONORABLE, PLEASE EXPLAIN _____

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE. TC IS AUTHORIZED TO MAKE ANY INVESTIGATIONS OF MY PRIOR EDUCATION AND EMPLOYMENT HISTORY.

I UNDERSTAND THAT EMPLOYMENT WITH TULAROSA COMMUNICATIONS IS "AT WILL" WHICH MEANS THAT EITHER I OR THIS COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE. ALL EMPLOYMENT IS CONSTITUTED ON THIS BASIS. I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OR EXECUTIVE OF THIS COMPANY OTHER THAN THE PRESIDENT HAS ANY AUTHORITY AFTER THE FOREGOING.

SIGNATURE _____ **DATE** _____

THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR ONE YEAR ONLY. CONSIDERATION FOR EMPLOYMENT AFTER ONE YEAR REQUIRES A NEW APPLICATION.

EEO & AFFIRMATIVE ACTION
PO Box 550, Tularosa, NM 88352
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It is the policy of TULAROSA COMMUNICATIONS to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, disability or handicap, citizenship, liability for service in the Armed Forces of the United States or any other protected classification. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. To enable TC to meet government reporting obligations, it is requested that you complete this personal data form.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM NOR WILL IT BE PROVIDED TO YOUR SUPERVISORS. INFORMATION WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES.

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

POSITION APPLIED FOR (list only one): _____

1) How did you learn about this position? (CHECK ONE)

- Agency Internet Site
- Private Employment Web Site
- Other Internet Site
- Facebook
- Job Fair
- Newspaper
- School or on-campus notice or counselor
- Friend or relative working for this company
- Private Employment Office
- Walk-In
- Other _____

2) Sex (CHECK ONE):

- Male
- Female
- I elect not to identify

3) Ethnicity (CHECK ONE):

_____ **HISPANIC or LATINO** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **NOT HISPANIC or LATINO**

4) Indicate Your Race:

_____ **White** - a person having origins in any of the original people of Europe, the Middle East or North Africa.

_____ **American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

_____ **Black or African American** - a person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Signature _____ Date _____