



2408 Parkland Ave., Artesia NM 88210

Employment Application

NAME	LAST	FIRST	M.I.	SOCIAL SECURITY NO.
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APPLICATION INSTRUCTIONS

- **IT IS IMPORTANT THAT YOU READ ALL INSTRUCTIONS CAREFULLY AND FILL OUT THIS APPLICATION ACCURATELY.**
- **IF TRANSCRIPTS OR SUPPLEMENTS ARE REQUIRED PLEASE SUPPLY THEM WITH YOUR APPLICATION.**
- **RESUMES WILL BE ACCEPTED ONLY AS A SUPPLEMENT TO THE APPLICATION AND MUST BE ACCOMPANIED BY THE COMPLETED APPLICATION.**
- **THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE THE COMPANY.**

SECTION A REFERRAL SOURCE				
OUTSIDE RESOURCE	NEWSPAPER	EMPLOYEE REFERENCE	WALK IN	JOB ANNOUNCE
ف	ف	ف	ف	ف
BY WHOM:				

SECTION B VETERAN'S PREFERENCE	
VETERANS'S PREFERENCE	NO YES IF "YES" YOU MUST SUBMIT WITH YOUR APPLICATION, DEPENDING ON THE BASIS FOR THE PREFERENCES AS SHOWN BELOW, A COPY OF YOUR DD214 OR VERIFICATION CERTIFICATE. PLEASE WRITE YOUR SOCIAL SECURITY NUMBER ON THE FORM SUBMITTED. IF YOU SUBMITTED THE APPROPRIATE FORM WITHIN THE LAST 12 MONTHS, YOU NEED NOT PROVIDE ANOTHER.
PLEASE CHECK (X) ONE OF THE FOLLOWING BOXES TO DESIGNATE THE BASIS FOR THE PREFERENCE:	
ف	U.S ACTIVE DUTY, SERVICE OF MORE THAN 180 DAYS WITH OTHER THAN DISHONORABLE DISCHARGE, SUBMIT DD214. DATES OF ACTIVE DUTY SERVICE MO/DA/YR MO/ DA/YR
ف	SERVICE-CONNECTED DISABILITY. SUBMIT VERIFICATION CERTIFICATE, AVAILABLE AT THE DEPARTMENT OF ECONOMIC SECURITY VETERAN AFFAIRS OFFICES.
ف	SPOUSE OF VETERAN WHO IS MIA, POW, TOTALLY AND PERMANENTLY SERVICE-CONNECTED DISABLED, OR WHO DIED OF A SERVICE-CONNECTED DISABILITY. SUBMIT VERIFICATION CERTIFICATE, AVAILABLE AT THE DEPARTMENT OF ECONOMIC SECURITY VETERAN AFFAIRS OFFICES.

SECTION C THIS INFORMATION IS VOLUNTARY		
SEX	FEMALE M,A,L,E	BIRTHDAY
	ف ف	MO DA YR
ف I	AMERICAN INDIAN OR ALASKAN NATIVE: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA.	
ف A	ASAIN OR PACIFIC ISLANDER: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUNCONTINENT, OR THE PACIFIC INDIANS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, INDIA, JAPAN, KOREA, THE PHILIPPINE ISLANDS AND SAMOA	
ف B	BLACK (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ONE OF THE BLACK RACIAL GROUPS.	
ف H	HISPANIC: A PERSON FROM MEXICO, PUERTO RICO, CUBA, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.	
ف W	WHITE (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFIRICA, OR THE MIDDLE EAST.	

SECTION D POSITION FOR WHICH YOU ARE APPLYING

POSITION APPLIED FOR:

SECTION E APPLICANT INFORMATION

NAME LAST FIRST M.I. SOCIAL SECURITY NO.

STREET ADDRESS & APT/SPACE NO.

CITY STATE ZIP CODE

HOME PHONE (AREA CODE) WORK PHONE (AREA CODE)

ARE YOU A U.S. CITIZEN NO YES
ف فIF YOU ARE NOT A U.S. CITIZEN, ARE YOU ELIGIBLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT NO YES PERMIT TYPE AND/OR VISA NUMBER
ف فHAVE YOU BEEN KNOWN TO OTHER NAMES USED:
SCHOOLS/EMPLOYERS/REFERANCES BY ANOTHER NAME? IF YES .HAVE YOU EVER BEEN CONVICTED OF A FELONY? OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? IF "YES" EXPLAIN BELOW THE OFFENSE, DATE AND LOCATION. CONVICTIONS ARE EVALUATED IN RELATION TO THE POSITION APPLIED FOR.
NO YES
ف فARE ANY OF YOUR RELATIVES BY BLOOD OR MARRIAGE EMPLOYED BY SOUTHWEST CONCRETE CONST., INC.? NO YES IF YES, LIST NAME(S) BELOW
ف فIF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? NO YES
ف ف**SECTION F - THIS SECTION IS OPTIONAL**

DO YOU FLUENTLY SPEAK ANY LANGUAGE OTHER THAN ENGLISH NO YES

IF YES, PLEASE SPECIFIC:

IF YOU POSSESS A VALID DRIVER'S LICENSE, ENTER THE APPROPRIATE CLASS, STATE, AND NUMBER.
CLASS STATE NO.FOR FORMER (WITHIN TWO YEARS) SOUTHWEST CONCRETE CONST., INC. EMPLOYEES ONLY. ARE YOU APPLYING FOR REINSTATEMENT? REEMPLOYMENT?
ف ف
(CHECK APPROPRIATE BOX)**SECTION G AVILABILITY (CHECK ALL BOXES THAT APPLY)**INDICATE THE TYPES OF APPOINTMENTS YOU WILL ACCEPT PERMANENT TEMPORARY BY POSITION LIMITED (6 TO 36 MONTHS) OFFICE WORK
ف ف ف ف فWILL YOU ACCEPT FULL-TIME PART-TIME TEMPORARY WORK?
ف ف فWILL YOU ACCEPT A JOB THAT REQUIRES YOU TO WORK WEEKENDS OR HOLIDAYS? NO YES
ف فCONSIDERABLE OUT-OF TOWN TRAVEL IS REQUIRED, WOULD YOU BE WILLING AND ABLE TO TRAVEL INCLUDING OVER NIGHT STAYS?
NO YES
ف ف**SECTION H COMMENTS & ADDITIONAL INFORMATION**

USE THE SPACE BELOW TO LIST PROFESSIONAL SOCIETY MEMBERSHIPS, JOB-RELATED LICENSES, REGISTRATIONS, CERTIFICATES, WITH THEIR NUMBERS, AND EXPIRATION DATES. PROVIDE ADDITIONAL COMMENTS OR INFORMATION THAT WOULD BE OF ASSISTANCE IN CONSIDERING YOU FOR THIS POSITION:

SECTION I WORK HISTORY (LIST MOST CURRENT TO OLDEST – MOST RECENT JOB FIRST)

FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE ZIP CODE
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE SUPERVISOR'S PHONE
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			
FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE ZIP CODE
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE SUPERVISOR'S PHONE
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			

FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE ZIP CODE
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE SUPERVISOR'S PHONE
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			
FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE ZIP CODE
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE SUPERVISOR'S PHONE
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			

SECTION J EDUCATION & TRAINING (LIST OLDEST TO MOST CURRENT- MOST RECENT AS LAST ITEM)

HIGH SCHOOL	CITY/STATE	DIPLOMA/GED			
COLLEGES, UNIVERSITIES, TRADE OR BUSINESS SCHOOLS, CERTIFICATES	CITY/STATE (LIST CAMPUS ATTENDED)	DEGREE/DIPLOMA	SEM HRS EARNED	QTR HRS EARNED	MAJOR AREA OF STUDY
A					
B					
C					

SECTION K EMERGENCY NOTIFICATION

Please indicate person to be contacted in case of an emergency

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone(home) _____ (work) _____

SECTION L DRUG TEST**I UNDERSTAND THAT IT WILL BE NECESSARY TO SUCCESSFULLY PASS A DRUG SCREEN TEST.**_____ **INITIALS****SECTION M STATEMENT OF CERTIFICATION - APPLICANT SIGNATURE**

BY SIGNING THIS APPLICATION, I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED ANYWHERE IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO ACKNOWLEDGE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM FURTHER CONSIDERATION, AND I MAY BE DISQUALIFIED FROM FUTURE EXAMINATION AND/OR TERMINATED FROM EMPLOYMENT. I ALSO AUTHORIZE SOUTHWEST CONCRETE CONST., INC. TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS ALLOWABLE BY LAW TO VERIFY THE INFORMATION PROVIDED.

SIGNATURE:

MONTH	DAY	YEAR

COMMENTS:

*****TO: Applicant**

Please sign for us to receive information from previous employers.

Southwest Concrete Construction, Inc.

Phone: 505-746-9074 Fax: 505-746-4837

Request/Consent for Information From Previous Employers

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

APPLICANT'S NAME: _____ **SOC SEC #** _____

Previous Employer	Address	() Phone#	() Fax #
Previous Employer	Address	() Phone#	() Fax #
Previous Employer	Address	() Phone#	() Fax #

The previous employer listed above is hereby authorized to release and forward, to Southwest Concrete the information requested in Sections 2 & 3 below concerning my alcohol and controlled substances testing as well as information concerning my work history and safety record.

*****APPLICANT'S SIGNATURE:** _____ **DATE:** _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In the past two (2) years

- | | |
|---|--------|
| | Y or N |
| 1. Has this person tested positive for a controlled substance | — — |
| 2. Has this person ha an alcohol test with a breath alcohol concentration of .04 | — — |
| 3. Has this person refused a required test for controlled substances or alcohol | — — |
| 4. If the answer to any of the above questions is yes please provide the name or the substance abuse professional to whom the applicant was referred (if any) _____ | |

PLEASE NOTE THAT THIS REQUEST IS MADE IN ACCORDANCE WITH FEDERAL MOTOR CARRIER SAFTETY REGULATION TITLE 49 SECTION 382.413.

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

- Applicant was employed from _____ to _____ as a _____
- Did applicant operate a commercial vehicle? _____ if yes what type of vehicle _____
- Was applicant involved in any vehicle accidents? _____ #Preventable _____ #Non Preventable _____
- In what areas did the applicant operate? _____
- Why did applicant leave? Discharged _____ Resigned _____ Lay Off _____ Other _____
- Is applicant eligible for rehire with your company? _____ reason if no _____

Signature of person supplying information, Title

Date