



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for		In what languages are you proficient?	
Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?	

EDUCATION			
Highest Degree Awarded (check one) HS/GED <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> Other <input type="checkbox"/> _____			
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, at least two of which are supervisory.</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	
Name	Home Phone
Address	Work / Cell Phone
Relation	

DISCLAIMER AND SIGNATURE

EQUAL EMPLOYMENT OPPORTUNITY

UWSFC is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin or ancestry, marital status, spousal affiliation, veteran status, or mental or physical handicap or serious medical condition.

Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed.

APPLICANT STATEMENT AND RELEASE OF BACKGROUND INFORMATION

I certify that all the statements made by me on this application are true, complete and correct. I hereby grant permission to United Way of Santa Fe County, and its agents and employees, to inquire or otherwise confirm the information I have given in this application. I understand that any material misrepresentation of facts given in this application, as well as in any subsequent interview for the position, may constitute grounds for rejection of this application and/or involuntary termination of employment if I am ultimately employed.

By my signature below, I give my permission to all previous employers and other persons, public entities or businesses associated with my personal and employment background to release any and all oral or written information about me to United Way of Santa Fe County or its employees and agents. I hereby release any references or other persons contacted for background information about me from any and all claims, liability and damages that may arise out of the provision of such information.

By my signature below, I understand that any information received by United Way of Santa Fe County in the process of obtaining reference information is strictly confidential and will not be disclosed to me.

By my signature below, I understand that a **criminal background check** may be a requirement for my desired employment with United Way of Santa Fe County, if applicable to the position, and I hereby give my permission to United Way of Santa Fe County, as well as any public entity authorized or responsible for conducting the search, for such a check of my background to occur.

By my signature below, I hereby waive any laws, and regulations which might otherwise prevent any person, business or public entity from disclosing any and all information relevant to my application for employment with United Way of Santa Fe County.

Photocopies and faxes of this signed authorization shall be as valid as the original.

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.

Signature

Date