



32 Road 5219, Bloomfield, NM 87413
 Office: (505) 333-7398 – Fax: (505) 632-8905
 Email: info@tei-nm.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date: _____

PERSONAL

Name _____ Social Security No. _____
First Middle Last

Present address _____
No. Street City State Zip

Telephone Number (____) _____
Driver's License # State Exp. Date

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No Race: White African American American Indian

Ethnicity: Hispanic Non-Hispanic Asian Native Hawaiian

GENERAL

Are you currently employed? Yes No If yes, where? _____

Have you ever applied to this company before? Yes No If so, when? _____

Position applying for? _____ Salary Desired? _____

EDUCATION

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School			
College			
Trade			

LIST ANY SPECIAL SKILLS OR QUALIFICATIONS

EMPLOYMENT HISTORY (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

DATE MONTH AND YEAR	NAME/ADDRESS/PH# OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

May we contact your current/previous employers? Yes No If Not, Why? _____

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

I also authorize Taft Electric, Inc's. insurance agent, Kysar Insurance to process my driver's license information through the Motor Vehicle Department to check for any/all driving violations and to determine whether I am insurable through Kysar Insurance. If it is determined that I am not insurable through Kysar Insurance, I will not be offered a position with Taft Electric, Inc. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer.

I also understand and agree that no representative of Taft Electric Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

For Office Use Only Below

REMARKS:

