

EMPLOYMENT APPLICATION

YPC - HR
 P.O. Box 97 AN EQUAL OPPORTUNITY EMPLOYER
 Artesia, NM 88211

TODAY'S DATE _____ / _____ / _____

The information given on this form is for company use only. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not in any way obligate the company.

IDENTIFICATION

FULL NAME (FIRST, MIDDLE, LAST) _____

PRESENT ADDRESS (STREET, CITY, STATE, ZIP) _____

SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____

ARE YOU A UNITED STATES CITIZEN? Yes No

IF NO, ARE YOU AUTHORIZED BY THE U.S. IMMIGRATION SERVICE TO ACCEPT EMPLOYMENT? No Yes (Visa Number: _____)

NOTE: Proof of Citizenship or Immigration status will be required upon employment.

HAVE YOU BEEN CONVICTED OF A FELONY, OR RELEASED FROM PRISON IN THE PAST 10 YEARS? NOTE: A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE, AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN:
 Yes No

REFERRED BY:

Advertisement Relative Just Stopped By
 Friend Employment Agency Other: _____

HAVE YOU APPLIED FOR A JOB HERE BEFORE? WHEN? Yes No

HAVE YOU WORKED HERE BEFORE? WHEN? Yes No

ARE YOU PRESENTLY EMPLOYED? Yes No

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

POSITION WANTED

WHAT JOB ARE YOU APPLYING FOR? _____

SALARY EXPECTED _____ TYPE OF EMPLOYMENT DESIRED: Full-Time Part-Time Temporary

IF TEMPORARY, HOW LONG? _____ IF PART-TIME, WHAT DAYS AND HOURS? _____

ON WHAT DATE COULD YOU START WORK? _____

WILLING TO WORK SHIFTS? Yes No

HOURS AVAILABLE _____ WILL YOU TRAVEL IF THE JOB REQUIRES IT? Yes No

EDUCATION

	NAME	LOCATION	DATES ATTENDED		MAJOR COURSE	DEGREE	GRADE AVERAGE	
			FROM	TO			Overall	Major
HIGH SCHOOL						Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE								
GRADUATE SCHOOL								
OTHER (INCLUDE SPECIAL OR TECHNICAL TRAINING AND MILITARY COURSES COMPLETED)								

* IF NOT A HIGH SCHOOL GRADUATE, INSERT NUMBER OF SCHOOL YEARS COMPLETED. ** IF NO DEGREE HAS BEEN OBTAINED, INSERT NUMBER OF COLLEGE CREDIT HOURS COMPLETED.

ACTIVITIES

List any extra-curricular activities or honors received that might be helpful in considering your application. You may exclude activities which would reveal your age, sex, race, religion, national origin, ancestry, disability, or other protected status.

REASONABLE ACCOMMODATION WILL BE PROVIDED TO APPLICANTS WHO DESIRE VERBAL APPLICATION OR TRANSLATION

NOTE: Starting with present or most recent employer, account for all jobs and periods of unemployment for the last ten years.

EMPLOYMENT HISTORY

1	EMPLOYER NAME (PRESENT OR MOST RECENT)		ADDRESS (CITY, STATE)		TELEPHONE	TITLE OF YOUR POSITION	
	DATE STARTED		DATE ENDED		SALARY - START	SALARY - END	
	REASON FOR LEAVING					NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
	DESCRIBE WORK PERFORMED						
2	EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE	TITLE OF YOUR POSITION	
	DATE STARTED		DATE ENDED		SALARY - START	SALARY - END	
	REASON FOR LEAVING					NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
	DESCRIBE WORK PERFORMED						
3	EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE	TITLE OF YOUR POSITION	
	DATE STARTED		DATE ENDED		SALARY - START	SALARY - END	
	REASON FOR LEAVING					NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
	DESCRIBE WORK PERFORMED						
4	EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE	TITLE OF YOUR POSITION	
	DATE STARTED		DATE ENDED		SALARY - START	SALARY - END	
	REASON FOR LEAVING					NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
	DESCRIBE WORK PERFORMED						
5	EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE	TITLE OF YOUR POSITION	
	DATE STARTED		DATE ENDED		SALARY - START	SALARY - END	
	REASON FOR LEAVING					NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
	DESCRIBE WORK PERFORMED						

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

CAN YOU WITH, OR WITHOUT, REASONABLE ACCOMMODATION PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED?

IF NO, PLEASE EXPLAIN:

Yes No - Explain:

PHYSICAL

If you are hired, a medical examination will be required before you start. If the examination discloses medical conditions that prevent you from successfully performing the essential functions of the job, the company will attempt to make accommodations to allow you to work. If no reasonable accommodations can be found, or they cause an undue hardship on the company, the tentative offer of employment will be withdrawn.

Further, I understand that it will be necessary to successfully pass a drug screen test performed at the time of the physical examination.

_____ INITIALS

EMPLOYMENT AGREEMENT

I understand that if employment is offered it is not for any definite period of time and is subject to termination with or without cause by the company or at my own election at any time. I further understand that my employment would be at-will, and that no statements have been made indicating otherwise, and that this policy cannot be changed except in a written document signed by an authorized officer of the company.

If accepted, I must conform also to all Company rules and regulations as made known at the time of employment or any other time thereafter; to perform all duties assigned to me to the best of my ability; and to be responsible to the Company for any loss or damage of any tools, keys, or any other property entrusted to my care.

The compensation paid to employees for services covers inventions and improvements pertaining to the business of the Company and that, as a further condition of employment in certain classes of work, it will be necessary to sign an agreement relating to the assignment of inventions to the Company.

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 SUFFICIENT REASON FOR DISCHARGE FROM THE SERVICES OF THE COMPANY.

_____ INITIALS

APPLICANTS SIGNATURE

DATE

EMERGENCY NOTIFICATION

PLEASE INDICATE PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

NAME

RELATIONSHIP

ADDRESS, CITY, STATE, ZIP

TELEPHONE: HOME

WORK

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize The Company or his representative bearing this release, or copy thereof, to obtain any information in your file pertaining to my employment, credit or educational records, including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for The Company's official use.

I hereby release you, as a custodian of such records, and any school, college, university, or other educational institution hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency or related business establishment from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____ (Signature) Current Address _____

Full Name _____ (Print or Type) Phone _____

Date _____

NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND PERSONS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors are subject to the Vietnam Era Veterans Reconstruction Act of 1974, and The Rehabilitation Act of 1973, as amended, which require that they take affirmative action to employ and advance in employment qualified disabled individuals and disabled Vietnam Era Veterans.

If you are a disabled veteran, or have a physical or mental disability, you may volunteer this information, confidentially, in the event the employer is now, or may become, a contractor to the U.S. Government. Failure to provide this information will not harm your chances for employment.

If you wish to be identified, please sign below:

Disabled Individual

Disabled Veteran

Vietnam Era Veteran

X _____
SIGNED

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEWED?

No Yes - Date:

REMARKS

FURTHER ACTION

EMPLOYED?

No Yes - Employment Date:

JOB TITLE	RATE	DEPARTMENT
BY (NAME AND TITLE)	DATE	