

Employment Application



Mora Valley Community Health Services

PO Box 209, Mora, NM 87732

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: ()

E-mail Address:

Date Available:

Desired Salary: \$

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 ☐
Have you ever worked for this company? YES ☐ NO ☐ If yes, when?

Education

High School: Address: YES NO
From: To: Did you graduate? ☐ ☐ Degree:
College: Address: YES NO
From: To: Did you graduate? ☐ ☐ Degree:
Other: Address: YES NO
From: To: Did you graduate? ☐ ☐ Degree:

References

Please list three professional references.

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

☐

NO

☐

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

☐

NO

☐

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

☐

NO

☐

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, 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.

Signature: _____ Date: _____



Mora Valley Community Health Services, Inc.

P.O. Box 209 Mora, New Mexico 87732

Administration: Phone: (575) 387-3327 Fax: (575) 387-387-9153
Medical/Behavioral Health: Phone: (575) 387-2201 Fax: (575) 387-9006
Dental: Phone: (575) 387-2481 Fax: (575) 387-9149
Caridad de San Antonio: Phone: (575) 387-6078 Fax: (575) 387-2034
Finance/Billing/IT: Phone: (575) 387-5069 Fax: (575) 387-9011
School Based Health Center: Phone: (575) 387- 3117
Mora Senior Center: Phone: (575) 387- 2279 Fax: (575) 387-2705
Wagon Mound Senior Center: Phone: (575) 666-2256 Fax: (575) 666-2257

Employment Application Addendum

Attestation of Non-Relation to Board Member(s) Form

Mora Valley Community Health Services, Inc. (MVCHS) bylaws, Article IV: BOARD OF DIRECTORS, Section 2 - Condition of Service, Sub-sections (d) and (e) require that:

- Members of the Board cannot be relatives of employees of MVCHS, i.e. spouse, children, parents, or brothers or sisters (blood or marriage).
- Employees of the Health Center and their spouses, children, parents, or brothers or sisters (blood or marriage) cannot be members of the Board.

I have reviewed the current list of MVCHS Board Members and hereby attest that I am not a relative of a MVCHS Board Member as outlined above.

Applicant's Name: _____ Date: _____
(Print)

Applicant's Signature: _____ Date: _____