**ENMRSH, INC.**

2700 East 7th Street  
 Clovis, NM 88101  
 Phone: 575.762.3718  
 Fax: 575.763.4158 (Attn: HR)  
 Email: enmrsh.hr@enmrsh.org  
 Web: enmrsh.org

**APPLICATION FOR EMPLOYMENT**

ENMRSH, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, religion, national origin, age, veteran status, marital status, citizenship, disability, or any other characteristics protected under the law.

**Personal Information**

Last Name		First Name		Middle Name	
Present Address	Number	Street	City	State	Zip Code
Permanent Address (If same as above, enter same)					
Telephone Number(s)			Last 4 Digits of Social Security Number ____ _		

Position Applied For	Salary Desired	Date of Application
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**How did you learn about us?**

Current Employee (Write name(s) below)

First & Last Name \_\_\_\_\_ First & Last Name \_\_\_\_\_

Internet (List website) \_\_\_\_\_  Advertisement (Source) \_\_\_\_\_

Job Fair (List location) \_\_\_\_\_

Friend     Relative     Walk-In     State Workforce Agency

**Please check "Yes" or "No"**

Are you over 18 years of age?  Yes  No

*If no, can you provide required proof of your eligibility to work?*  Yes  No

Have you filed an application with us before?  Yes  No

*If yes, please give date:* \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

*If yes, list dates:* \_\_\_\_\_ *Job title:* \_\_\_\_\_

*Reason for leaving:* \_\_\_\_\_

Are you currently employed?  Yes  No

*If yes, may we contact your present employer?*  Yes  No

Do you have legal right to work in the United States?  Yes  No

*Proof of Citizenship or immigration status will be required upon employment.*

On what date would you be available for work? Date: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work (Nights)  Temporary  Weekends

Are any relatives employed with us?

Yes  No

*If yes, please list:* \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job required it?

Yes  No

Please indicate any foreign language you can speak, read, or write fluently. \_\_\_\_\_

Have you served in the U.S. Military?

Yes  No

*If yes, what branch?* \_\_\_\_\_

### Employment Experience

Please provide the following information concerning each of your employers, starting with your present or most recent position (the applicant may include in such history and verified work performed on a volunteer basis):

Employer (current or most recent)	Dates Employed		Description of Duties
Address, City, State, Zip	From	To	
Telephone Number(s)			
Job Title or Position	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer (next previous employer)	Dates Employed		Description of Duties
Address, City, State, Zip	From	To	
Telephone Number(s)			
Job Title or Position	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Address, City, State, Zip	From	To	
Telephone Number(s)			
Job Title or Position	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

If there have been gaps in your employment during the last five years, please provide details in the space provided here.

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held. Describe any specialized training, apprenticeship, skills and extracurricular activities (excluding those which, by their name or character, indicate the race, color, religion, sex, age, national origin, marital status, ancestry or handicap).

Summarize special training skills (such as machines, typing, PC skills, language skills, etc.), which you feel may especially qualify you for working with our company.

**Education**

Names and Addresses of School	Course of Study	Years Completed	Graduate (Yes or No)	Degree Obtained
High School				
Undergraduate College				
Graduate, Professional or Other				

**Personal Reference:**

Please list one personal reference who is not related to you and whom you have known for at least one year.

Reference Name	Relationship	Years Known	Address	Area Code & Telephone Number

**Professional or Educational References:**

Please list two professional or educational references who are not related to you and whom you have known for at least one year.

Reference Names	Relationship	Company	Years Known	Address	Area Code & Telephone Number

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS you have been informed about the requirements of the job for which you are applying.

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied?  Yes  No

## Applicant's Statement

1. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause to refusal to hire, or dismissal if I have been employed, no matter when discovered by ENMRSH, Inc. Please note that all information is subject to verification.
2. I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at-will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either the Company or myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company official.
3. If I am offered employment I agree to submit to a medical examination and/or drug test before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by the employer, I consent to such examinations and or tests, and I request that the examining doctor disclose to the Company the results of the examination, which the Company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon satisfactory medical examination and/or drug test.
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
5. I understand that my employment is contingent upon passing an initial background screening and passing any subsequent background screenings that ENMRSH, Inc. deems necessary.

I certify that I have read, or have had read to me, items 1, 2, 3, 4 and 5 above. I understand the contents and hereby acknowledge receipt of this information.

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**Print Name**

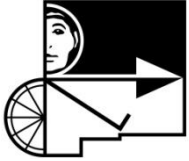
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**Signature**

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**Date**

*Signature is required to be considered for employment.*



# ENMRSH, Inc.

## Employment Verification

Instructions for Applicant: All information in this Application for Employment is subject to verification. Please complete this form based on your current/previous employment. The Human Resources Department will send this form to your current/previous employer for the purpose of verifying your employment.

### Release and Waiver: Written Request for Employment Reference

To:

\_\_\_\_\_  
*Name of Previous / Current Employer*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

Re:

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Social Security Number*

Dates of Employment:

From:

To:

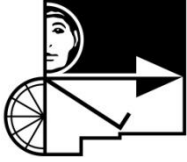
Last Wage Rate or Monthly Salary:

Reason(s) for Leaving:

I authorize \_\_\_\_\_ to furnish ENMRSH, Inc. with whatever information you may have regarding  
*(Name of Previous / Current Employer)*  
my employment, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that you respond to this reference inquiry, with full and complete information. Since this reference is important part of my application for employment at ENMRSH, Inc., I therefore waive and release \_\_\_\_\_ from any and all claims or  
*(Name of Previous / Current Employer)*  
causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
*Name of Previous / Current Employer*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

**Re:**

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Social Security Number*

**Dates of Employment:**

*From:* \_\_\_\_\_

*To:* \_\_\_\_\_

**Last Wage Rate or Monthly Salary:**

\_\_\_\_\_

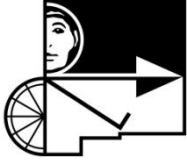
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

Re:

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Social Security Number*

Dates of Employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Last Wage Rate or Monthly Salary:

\_\_\_\_\_

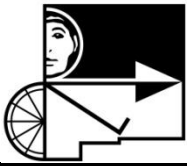
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*(Name of Previous / Current Employer)*  
causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# ENMRSH, Inc.

## Pre-Employment Protected Veterans Self-Identification Form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "**disabled veteran**" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you believe you belong to any of the categories of protected veterans listed above, **please indicate by checking the appropriate box below.**

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

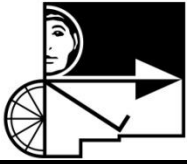
- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF-IDENTIFY

Print Name

Date

Signature





# ENMRSH, Inc.

## Invitation to Self-Identify – Pre-Employment

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In accordance with Federal regulations relating to Equal Employment Opportunity (EEO) and affirmative action, our firm is prohibited from discrimination in employment practices because of race, color, religion, gender, national origin, veteran status or disability. The following information is required by Federal regulations relating to EEO and affirmative action.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be kept separate from your resume and/or employment application in compliance with EEO and affirmative action Federal regulations.

**Name:**

\_\_\_\_\_

First

Middle

Last

**Date:**

\_\_\_\_\_

**Check One:**

Male

Female

**Are you Hispanic or Latino?**

Yes

No

**If you checked "Yes" to Hispanic/Latino you do not need to respond below.**

**Check One or More:**

White

Black or African American

Asian

American Indian and Alaska Native

Native Hawaiian or Other Pacific Islander

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## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 11 of 12

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 12

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.