



Dear Applicant:

Thank you for your interest in High Desert Family Services, LLC. We have established recruitment and hiring procedures to ensure that we have employees who have the skills, knowledge and abilities to provide high-quality service to individuals with special needs.

Please complete the attached application packet and return. In order to process your application, it will be necessary that you review the application in its entirety to ensure that all sections of the application have been completed.

- Personal Information, Desired Employment, Education, Licenses or Certification, Former Employers, Business References (must include address and correct phone number)
- Authorization for Release of Background Information
- Applicant Acknowledgement of Terms and Conditions of Application
- Schedule Availability (Hourly Personnel Only)
- Signature and date

Your application will be reviewed and an interview may be scheduled. References will be contacted and their responses documented. An offer may be extended to you based on the information in your application, an interview, your experience and reference checks.

If an offer is extended, you will be required to:

- Complete a new hire packet;
- Complete a Criminal Records Background Check, to include fingerprinting with the State of New Mexico; and
- Attend required agency and state mandated trainings.

HOURLY EMPLOYEES: If we do not have a regular shift available on the days or during the hours you have requested on the Schedule Availability form, you may be offered the position of PRN (as-needed basis) until a regular placement can be made.

Again, thank you for your interest in High Desert Family Services, LLC



1501 San Pedro Dr. NE
Albuquerque NM 87110

APPLICATION

Form #	HR60009
Location	
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Provider ID	
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NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NUMBER	
ADDRESS	APT. NO.	CITY	STATE	ZIP
EMAIL ADDRESS		PHONE: ALTERNATE PHONE:		
ARE YOU 18 YRS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE STATE/NUMBER:			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME/LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	Diploma or Degree Attained/Area of Study
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

"High Desert Family Services, LLC is an equal employment opportunity employer."

LICENSES OR CERTIFICATIONS

Type:	ISSUED BY:	EXPIRATION DATE:
CPI/TCI CERTIFIED: <input type="checkbox"/> No <input type="checkbox"/> yes, date certified:	FIRST AID/CPR CERTIFIED: <input type="checkbox"/> No <input type="checkbox"/> yes, date certified:	
Expiration date:	Expiration date:	

SKILLS, such as keyboard speed. computer operating systems/applications/programs used, office machines, etc.

FORMER EMPLOYERS

List former employers below, starting with the most recent one first.

NAME OF PRESENT OR LAST EMPLOYER		FULL Time <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	DEPARTURE DATE		JOB TITLE		
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE		PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

EMPLOYER		FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	DEPARTURE DATE		JOB TITLE		
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE		PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

EMPLOYER		FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	DEPARTURE DATE		JOB TITLE		
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE		PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

BUSINESS REFERENCES (Please use former supervisor's if possible)

	NAME & TITLE	PHONE NUMBER & LOCATION	NAME OF BUSINESS	YRS. ACQUAINTED & RELATIONSHIP
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM

<p>Have you been accused of, arrested for, or charged with a felony or misdemeanor?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>The Caregivers Criminal History Screening Program (CCHSP) requires that caregivers employed in health care services must undergo a Federal Bureau of Investigation (FBI) criminal history screening, per section 29-17-1-5 NMSA 1978. Please provide your date of birth _____.</p>
<p>If yes, explain. (An explanation will not necessarily exclude you from consideration.)</p>

SIGNATURE OF APPLICANT

DATE



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Authorization for Release of Background Information

Federal regulation (45 CFR 92.35) prohibits the purchasing of goods or services with federal money from vendors or employing persons who have been suspended or debarred by the Federal Government.

I hereby authorize High Desert Family Services, LLC to request and receive any and all background information about or concerning me, including, but not limited to, Criminal History, Social Security Number Trace, Driving Record and Law Enforcement Agency information.

The criminal history received from the reporting agencies may include arrest and conviction data, plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used to determine my eligibility for continued employment with High Desert Family Services, LLC. I also understand that as long as I remain an employee, the criminal history check may be repeated at any time and that I will have an opportunity to review the criminal history report.

Name (Last, First, Middle) Please print	Date of Birth	Social Security No.

Applicant's Signature

Date



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APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

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

I understand and agree that my employment with High Desert Family Services, LLC will be employment at will, meaning that either the company or the employee may terminate employment at any time, with or without notice or cause. I understand and agree that no representative of the company has the authority to alter this relationship, enter into any agreement for employment for any specified period of time, employ anyone on a basis other than at will employment, or make any agreement contrary to the foregoing, except by a written agreement signed by an officer of the company.

I understand and agree that High Desert Family Services, LLC maintains a drug-free workplace; that maintenance of same is essential to the safety of the workplace, clients, and employees; and that I may be required to undergo a drug and/or alcohol screening and testing in the event of a reasonable suspicion of use, either before my employment or during the course of my employment. I agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, High Desert Family Services, LLC shall be the sole judge of the acceptability of any tests results.

I have been advised that High Desert Family Services, LLC is an Equal Opportunity Employer, does not discriminate against persons who are physically or mentally handicapped, and administers its employment policies in a nondiscriminatory manner.

I authorize High Desert Family Services, LLC to investigate my background, including any and all references, and available criminal and other judicial records, consistent with applicable law. I authorize High Desert Family Services, LLC to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for High Desert Family Services, LLC's consideration of employment, and I release and hold High Desert Family Services, LLC harmless for any and all liabilities arising out of their investigation of my application for employment.

I hereby certify that I have read and understand the Terms and Conditions of this application.

Applicant's Signature

Date

FINGERPRINT REGISTRATION

FIRST NAME	
MIDDLE NAME	
LAST NAME	
ALIAS or MAIDEN NAME	
DATE OF BIRTH	
SSN	
PLACE OF BIRTH (State)	
COUNTRY OF CITIZENSHIP	
SEX	
RACE	
WEIGHT	
HEIGHT	
HAIR COLOR	
EYE COLOR	
ADDRESS	

Copy of Driver's License is required for background checks.