



6104 Taylor Ranch Rd. NW Albuquerque, NM 87120
Fax (505) 897-9455 • www.crossofhope.org

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Employment Application

6104 Taylor Ranch Road NW • Albuquerque, NM 87120
Ph. (505) 897-0047 • web - crossofhope.org • e-mail - office@crossofhope.org • Fax - (505) 897-9455





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Application for Employment

Cross of Hope Church and Schools

6104 Taylor Ranch Road NW
Albuquerque, NM 87120

505-897-0047 • crossofhope.org • office@crossofhope.org • fax 505-897-9455

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number Telephone Email

Are you legally qualified to work in the United States? Yes / No All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Cross of Hope Church and Schools?

3. How were you referred to by Cross of Hope Church and Schools? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain:



II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

- | | | |
|--|-----------------------|-------------|
| _____ | _____ | |
| Company Name (Current or Most Recent Employer) | Position Held | |
| _____ | Dates Employed: _____ | |
| Address | From | To |
| _____ | _____ | |
| Manager / Supervisor | Telephone | Wage/Salary |
| Reason For Leaving | | |
- | | | |
|----------------------|-----------------------|-------------|
| _____ | _____ | |
| Company Name | Position Held | |
| _____ | Dates Employed: _____ | |
| Address | From | To |
| _____ | _____ | |
| Manager / Supervisor | Telephone | Wage/Salary |
| Reason For Leaving | | |
- | | | |
|----------------------|-----------------------|-------------|
| _____ | _____ | |
| Company Name | Position Held | |
| _____ | Dates Employed: _____ | |
| Address | From | To |
| _____ | _____ | |
| Manager / Supervisor | Telephone | Wage/Salary |
| Reason For Leaving | | |



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NOTE: Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References Please do not include relatives or former employers.

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

- 2. Do you have any objection to working overtime? () Yes () No
- 3. Can you work overtime without prior notice? () Yes () No
- 4. Can you work on Saturday? () Yes () No
- 5. Can you work on Sunday? () Yes () No
- 6. Can you travel if required by this position? () Yes () No



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**AUTHORIZATION FOR RELEASE OF
INFORMATION/ CONSUMER REPORT
CONSENT (EMPLOYMENT)**

I, _____, acknowledge that **Cross of Hope** with whom I am employed, or serve as a volunteer, or to whom I have submitted an employment application, has advised me that the information requested below concerning my background is required to assist the Company in making an employment determination. The information developed and this document also may be used in determining my qualifications for future assignments and/or retention.

I hereby authorize the Company, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my educational, credit, employment, and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any and all agencies, organizations, institutions, governmental bodies, companies or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of the Company to include, but not limited to, record custodians, directors, agents, employees or any other authorized representatives of the Company from any and all liability for damages of whatever kind and nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempts to comply with, this authorization; and (4) termination of my employment, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statements and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to employment if any such statements and/or answers are found false or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of my employment.

I hereby acknowledge that I have read and understand the Federal Fair Credit Reporting Act Consumer Report Disclosure-Pre Adverse Action regarding the obtaining of a Consumer Report about me from a Consumer Reporting Agency. I hereby authorize the Company to obtain Consumer Reports from Consumer Reporting Agencies to aid in its determination of whether to hire or continue to employ me. I understand that I have certain rights under the Fair Credit Reporting Act, as disclosed in the Disclosure, and that I can receive further information regarding my rights by contacting the Federal Trade Commission.

I hereby certify that I have read and understand the foregoing.

Printed Name: _____

Other Names Used/Alias's _____

Date of Birth: _____ SSN: _____

Drivers License Number _____ State Issued _____

Address: _____

States of residency for past 10 years ___/___/___/___/___/___/___

Signature: _____

EMPLOYER USE ONLY:

Date: _____

Package Requested _____ Other Items Requested _____