**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 committed to working with and providing reasonable accommodation to individuals with physical and mental disabilities. If you need special assistance or an accommodation while seeking employment, please email enmrsh.hr@enmrsh.org or call: 575-762-3718 as ask for the Human Resources Department. We will make a determination on your request for reasonable accommodation on a case-by-case basis.

All qualified applicants will receive consideration for employment without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, disability, veteran status, age, marital status, pregnancy, genetic information, or other legally protected status.

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. _____

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
	From	To	
Address, City, State, Zip			
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
	From	To	
Address, City, State, Zip			
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
	From	To	
Address, City, State, Zip			
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

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 drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by ENMRSH, Inc. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon passing a 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.

Print Name

Signature

Date

Signature is required to be considered for employment with ENMRSH, Inc.

Conditions of Employment at ENMRSH, Inc.

I understand and agree to the following statements:

1. I must be able to proficiently read, write, and speak English due to business necessity.
2. I understand that permanent or full-time work is not guaranteed.
3. I must be flexible with work assignments, working locations, and shifts due to business needs.
4. I must have a personal phone and provide ENMRSH, Inc. with the current number. A message phone through another person is not sufficient.
5. I understand that my employment is contingent upon passing an initial and any subsequent background screenings that ENMRSH, Inc. deems necessary, and remain a law abiding citizen.
6. I must notify my supervisor at ENMRSH, Inc. if I am arrested or charged with a misdemeanor or felony while employed at ENMRSH, Inc.
7. I must report all personal or work related accidents and traffic tickets or DWI to ENMRSH, Inc. immediately. A DWI will result in termination of employment for specific types of positions.
8. I understand that my employment is contingent upon passing an initial and any subsequent drug screenings that ENMRSH, Inc. deems necessary, and remain drug-free.
9. I give consent to ENMRSH, Inc. to obtain my motor vehicle report and that ENMRSH, Inc. may determine, at its discretion, not to hire prospective employees with an unsatisfactory driving record. I understand I must have a satisfactory driving record in order to be employed and maintain employment for specific types of positions.
10. I must use my personal vehicle in the performance of my job if I am hired for a position requiring driving responsibilities. I understand that I will be partially reimbursed for submitted mileage.
11. I must maintain a valid driver's license and current auto insurance, and maintain a satisfactory driving record.
12. I must furnish ENMRSH, Inc. with proof of current auto insurance on a regular basis if I am hired for a position requiring driving responsibilities.

Print Name

Signature

Date



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: _____

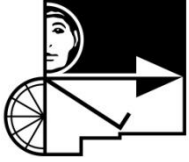
Last Wage Rate or Monthly Salary:

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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Re:

Applicant's Name

Social Security Number

Dates of Employment:

From: _____

To: _____

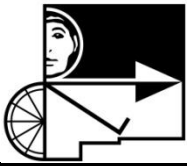
Last Wage Rate or Monthly Salary:

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



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.**

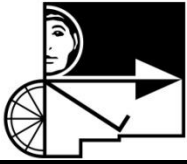
As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- 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

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, sex, sexual orientation, gender identity, religion, national origin, disability, veteran status, age, marital status, pregnancy, genetic information, or other legally protected status. 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

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.