

E.M.W GAS ASSOCIATION

Application For Employment

E.M.W. Gas Association considers applicants for all positions without regard to race, color, religion, creed, gender, National origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		
Position(s) Applied For	Date of Application		
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

Best time to contact you at home is:

_____ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with E.M.W. before?

Yes No

If yes, give date _____

Have you ever been employed with E.M.W. before?

Yes No

If yes, give date _____

Do any of your friends or close relatives work for E.M.W.?

Yes No

If yes, state name and relationship _____

Are you currently employed?

Yes No

If employed, may we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)

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

Yes No

Can you travel if a job requires it?

Yes No

EDUCATION

School	Name & Address of School	Course of Study	Years Completed
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify			

WORK EXPERIENCE

List Only employers for last 10 yrs.

Start with your current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed:	From :	To:
Address:	Salary Starting: \$	Salary Ending: \$	
Telephone Number: () _____			
Job Title & Worked Performed:			
Supervisor:	May we contact Yes No _____		
Reason for Leaving:			

Employer:	Dates Employed:	From :	To:
Address:	Salary Starting: \$	Salary Ending: \$	
Telephone Number: () _____			
Job Title & Worked Performed:			
Supervisor:	May we contact Yes No _____		
Reason for Leaving:			

Employer:	Dates Employed:	From :	To:
Address:	Salary Starting: \$	Salary Ending: \$	
Telephone Number: () _____			
Job Title & Worked Performed:			
Supervisor:	May we contact Yes No _____		
Reason for Leaving:			

Employer:	Dates Employed:	From :	To:
Address:	Salary Starting: \$	Salary Ending: \$	
Telephone Number: () _____			
Job Title & Worked Performed:			
Supervisor:	May we contact Yes No _____		
Reason for Leaving:			

Employer:	Dates Employed:	From :	To:
Address:	Salary Starting: \$	Salary Ending: \$	
Telephone Number: () _____			
Job Title & Worked Performed:			
Supervisor:	May we contact Yes No _____		
Reason for Leaving:			

Comments: Include explanation for any gaps in employment.

SPECIALIZED TRAINING: Describe any training, apprenticeship or skills.

PC Terminal	Yes	No	Spreadsheet	Yes	No
Microsoft Word	Yes	No	Typewriter:	WPM	
Microsoft Excel	Yes	No	Calculators:	Touch	Site

Machinery:

State any additional information you feel may be helpful to us in considering your application:

PERSONAL/PROFESSIONAL REFERENCES- Do not include family members or past supervisors:

	Name:	Address/Phone Number	Occupation
1			
2			
3			
4			

EMW Gas is a drug free environment and an equal opportunity employer. We do comply with the NM State Dept. of Transportation. To meet these standards, employees are required to submit to random drug and alcohol tests. All considered applicants will be asked to fill out a physical questionnaire. We do require that all applicants who are considered for any position take a drug and alcohol test.

Applicant's Statement:

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time. EMW may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of EMW Gas.

It is further understood that if I fail either the pre-employment drug, alcohol test or the physical exam, I will not be considered for an open position.

Signature of Applicant

Date