



EMPLOYMENT APPLICATION

Submit application and attachments to Mountain Home Health Care via:

FAX: (575-758-0560)

MAIL: PO BOX 2566, Taos, NM 87571

PERSONAL DELIVERY AT: 630 Paseo del Pueblo Sur #180, Taos, NM

APPLICANT INFORMATION						
Position Applying for						Date
Last Name			First		MI	
Address						Apartment/Unit #
City			State		ZIP	
Home Phone:		Cell Phone:		E-mail Address		
Date Available to Start Work			Desired Salary			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Highest Licensure/Certification: RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> HHA <input type="checkbox"/> Caregiver <input type="checkbox"/> Companion <input type="checkbox"/> Other <input type="checkbox"/>						
CLIENT PLACEMENT PREFERENCE						
Where are you interested in working?						
Anywhere <input type="checkbox"/> North Taos <input type="checkbox"/> South Taos <input type="checkbox"/> Questa <input type="checkbox"/> Peñasco <input type="checkbox"/>						
What types of shifts are you interested in working?						
Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Respite <input type="checkbox"/> Sub Assignments <input type="checkbox"/> Overnights <input type="checkbox"/>						
Are you willing to accept an assignment with less than 24 hour notice? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you willing to care for a client who smokes? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you willing to care for a client with pets in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>						
PLEASE LIST YOUR AVAILABILITY						
SUN	MON	TUE	WED	THUR	FRI	SAT
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
EDUCATION						
High School			City/State where located			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			City/State where located			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			City/State where located			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT (REQUIRED)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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REFERENCES (REQUIRED)

Please list three **professional references**.

Friends and Family members do not count as professional references unless you have been employed by/with them.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT CONTINGENCIES:

I understand that if offered a position with Mountain Home Health Care, Inc. , the offer of employment is contingent upon satisfaction of all the following requirements:

As a condition of employment, you will be required to submit to a **Criminal Background Check**. Any offer of employment is conditional and pending clearance.

I must provide evidence of a **current and valid driver’s license and current and valid auto insurance** and I must continue to provide proof of these items as long as I remain employed by Mountain Home Health Care, Inc.

Do you have a valid Driver's License? Yes No

Do you have current, valid Automobile Insurance? Yes No

As a condition of employment, I understand that I must have a **safe, dependable vehicle**. I understand that my job duties will routinely require me to run errands or transport clients in my personal vehicle. If I do not have a safe, dependable vehicle at any point during my employment, I must notify Mountain Home Health Care, Inc. immediately and I understand that in that circumstance, I will no longer meet the requirements for continued employment and my lack of vehicle will equate to a voluntary resignation by me. I may be temporarily excused from this requirement in the limited circumstance where the client to whom I am assigned signs a disclaimer relieving me of this requirement. This excusal will only be effective during the limited period of my assignment to that client.

Do you have a safe, dependable vehicle? Yes No

I must **undergo a Tuberculosis (TB) Screen Test** and have it read, prior to working with a client.

DISCLAIMER AND SIGNATURE:

I hereby affirm and acknowledge that I have read, understand and agree to the terms and conditions set forth herein in three (3) pages of this application, and that it is my stated intention to be legally and irremovably bound thereby. I have had the opportunity to raise any questions about any part of this document before signing it, and I attest that my signature below is completely voluntary, without coercion or duress of any kind.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information including any omissions provided in this application, or subsequent updates to this application or during an interview, regardless of when discovered, may result in the revocation of my offer of employment.

This Employment Application should not be construed as an offer of employment. Any offer of employment by Mountain Home Health Care, Inc. that may follow this Employment Application will be "at-will" and expressly contingent on the requirements described herein.

Full Printed Name: _____ Date: _____

Signature: _____



PO BOX 2566
Taos, NM 87571
575-758-4786
Fax: 575-758-0560

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

I hereby authorize The Employer and its agents to investigate my work history, education history, and to conduct personal inquiries. I understand that The Employer will send a copy of this Agreement and Authorization to each individual or entity from whom it is seeking a reference or background information.

I hereby authorize the party receiving a copy of this signed form (including a photocopy or facsimile copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information.

I hereby release any person or entity providing information or records in accordance with this Agreement, Authorization, Waiver, and Release from any and all claims or liability for compliance.

I AM ALSO WAIVING ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITTY SUPPLYING EMPLOYMENT-RELATED INFORMATION INCLUDING BUT NOT LIMITED TO INFORMATION CONCERNING MY BACKGROUND, WORK HISTORY, AND DISCIPLINARY HISTORY – TO THE EMPLOYER UDNER A GUARANTEE OF CONFIDENTIALITY.

I understand that the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization is confidential, for the exclusive use of The Employer and its agents for employment decisions, and will not be transferred to any other entity without my written authorization unless required to be disclosed upon request by either New Mexico or Federal Law.

Signature of Applicant

Date

Printed Name of Applicant

BACKGROUND CHECK INFORMATION

All Mountain Home Health Care employees working with patients are required to be fingerprinted so that the FBI and the State can conduct a criminal history background check. These fingerprints are required to be submitted to the State within 20 days of the start of employment. Please fill out the following information completely.

Full Name (including your middle name) _____

Any other name you have been known by (including maiden name or nickname) _____

Complete Mailing Address _____

Complete Physical Address _____

Have you lived in any state other than New Mexico in the past seven years?

Citizenship (for example, US) _____

Social Security Number _____

Gender _____

Ethnicity (White, Native American, Black, etc.) _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Date of Birth: _____ Place of Birth: _____

Phone number: _____

Drivers License Number: _____ Expiration Date: _____
Issuing State: _____