



# APPLICATION FOR EMPLOYMENT

## **INSTRUCTIONS: PLEASE READ CAREFULLY**

1. **An Equal Opportunity Employer:** In compliance with Federal and State equal employment opportunity laws, applicants are considered for employment without regard to race, color, religion, ancestry, national origin, age, sex, spousal affiliation, sexual orientation, gender identity, genetic information, physical or mental handicap or disability or serious medical condition, military or veteran status, or any other protected class under New Mexico or Federal law. No question in this application is intended to elicit protected information.

If you have a disability and require a reasonable accommodation related to completing this application or other steps in the hiring process, please contact our Human Resources representative at The Mountain Center's email (TMC) [jobs@themountaincenter.org](mailto:jobs@themountaincenter.org). TMC will not refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation, as required by the Americans with Disabilities Acts.

2. **Purpose of this Form:** This form is intended to allow applicants for employment a convenient way to submit their qualifications for employment consideration. In addition, the form provides important information to applicants regarding the application and screening processes and legal information. This form is not an advertisement or solicitation for employment. Please read the legal information and agreement at the bottom of this application (last page) for further details.
3. **Application Submission Process:** Please complete each section fully and accurately and then submit the application for employment to: Human Resources Department, [jobs@themountaincenter.org](mailto:jobs@themountaincenter.org) or via our website at <https://themountaincenter.org/about-us/job-opportunities-new-mexico/>

We prefer that you attach your resume and a cover letter. If you attach a resume, it is important that you also complete each section of this application, even if the information is already contained in your resume.

4. **Questions:** If you have questions regarding the completion of this application, please email: [jobs@themountaincenter.org](mailto:jobs@themountaincenter.org)

*The Mountain Center; P.O. Box 449; Tesuque NM 87574*



Date: \_\_\_\_\_ Position for which you are applying: \_\_\_\_\_

<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	
EMAIL ADDRESS	MOBILE PHONE	HOME PHONE	
MAILING ADDRESS		APARTMENT #	
CITY	STATE	ZIP	
PREVIOUS ADDRESS		APARTMENT #	
CITY	STATE	ZIP	
DO YOU HAVE RELATIVES EMPLOYED BY THE MOUNTAIN CENTER (TMC)? If yes, list name(s) and relationship(s). Yes    No			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?      Yes      No Proof of citizenship/immigration status will be required upon employment.			
ARE YOU OVER AGE 18?                      Yes                      No			
Have you ever applied at TMC?    Yes                      No                      If yes, when and what position? _____			
Were you ever employed at TMC?    Yes                      No                      If Yes, when and last position?			
<b>POSITION PREFERENCES</b>			
POSITION DESIRED	FULL OR PART-TIME If part-time, list # hours / week	REGULAR OR TEMPORARY	INTERN (Y/N)
HOW DID YOU LEARN ABOUT THIS POSITION? Check all that apply. TMC Website: _____ Indeed.com: _____ LinkedIn: _____ Other job search engine: _____ Referred by: _____ Other: _____			
PAY DESIRED: _____ IF HIRED, WHEN ARE YOU AVAILABLE TO BEGIN WORK? _____ IF WE WANT TO CONTACT YOU AT THE PHONE # OR EMAIL YOU LISTED, WHEN IS THE BEST TIME? _____			

**\*Equal Opportunity Employer\***

## EMPLOYMENT HISTORY

Please fill out completely, **STARTING WITH MOST RECENT EMPLOYER**. Please also include military service (including the reserves), self-employment, volunteer experience, time in school, and periods of unemployment. In addition, please attach a resume if available.

MOST RECENT COMPANY NAME			PHONE #		
LAST JOB TITLE			STREET ADDRESS		
CITY		STATE		ZIP	
DATES EMPLOYED: FROM:		Month	Year	TO: Month	Year
SUPERVISOR NAME			TITLE OF SUPERVISOR		
MAY WE CONTACT YOUR SUPERVISOR? Yes No			SUPERVISOR PHONE NUMBER		
DUTIES/RESPONSIBILITIES:					
REASON FOR LEAVING:					
COMPANY NAME			PHONE #		
JOB TITLE			STREET ADDRESS		
CITY		STATE		ZIP	
DATES EMPLOYED: FROM:		Month	Year	TO: Month	Year
SUPERVISOR NAME			TITLE OF SUPERVISOR		
MAY WE CONTACT YOUR SUPERVISOR? Yes No			SUPERVISOR PHONE NUMBER		
DUTIES/RESPONSIBILITIES:					
REASON FOR LEAVING:					

## EMPLOYMENT HISTORY

Please fill out completely, **STARTING WITH MOST RECENT EMPLOYER**. Please also include military service (including the reserves), self-employment, volunteer experience, time in school, and periods of unemployment. In addition, please attach a resume if available.

COMPANY NAME		PHONE #	
JOB TITLE		STREET ADDRESS	
CITY	STATE	ZIP	
DATES EMPLOYED: FROM:	Month	Year	TO: Month Year
SUPERVISOR NAME		TITLE OF SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR? Yes No		SUPERVISOR PHONE NUMBER	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			
COMPANY NAME		PHONE #	
JOB TITLE		STREET ADDRESS	
CITY	STATE	ZIP	
DATES EMPLOYED: FROM:	Month	Year	TO: Month Year
SUPERVISOR NAME		TITLE OF SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR? Yes No		SUPERVISOR PHONE NUMBER	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

EDUCATION			
NAME OF SCHOOL	CITY / STATE	DID YOU GRADUATE Y/N?	MAJOR/DEGREE/CERTIFICATE
HIGH SCHOOL/GED:			
TRADE or CERTIFICATION PROGRAM:			
COLLEGE/UNIVERSITY:			
GRADUATE SCHOOL:			

**SKILLS and POPULATIONS**

**LANGUAGES:**

- FLUENT IN: \_\_\_\_\_
- CONVERSATIONAL ONLY: \_\_\_\_\_

**SKILLS:** Summarize your trainings, licenses and certifications (include expiration dates), computer programs, writing and administration skills etc. that may qualify you as being able to perform the essential functions of the job.

**POPULATIONS:** Describe your experience in facilitating special population groups and/or individuals ( LGBTQ+, Native, people of color, people with disabilities, survivors of violence, people who use drugs, incarcerated/probation, etc.)

**BUSINESS REFERENCES** PLEASE LIST **THREE (3)** RECENT **WORK-RELATED** REFERENCES WHO ARE NOT RELATIVES OR FRIENDS.

FIRST/LAST NAME	PHONE	EMAIL	RELATIONSHIP	TITLE/COMPANY

**GENERAL INFORMATION**

**Will you be able to perform, in a satisfactory manner, the essential functions of the job for which you are applying?**  
 (CIRCLE ONE) YES NO If no is answered, are there accommodation(s) which would enable you to perform those job functions? Please describe the accommodations(s) on a separate page. Refer to the employment ad or job description for details.

**Will you now or in the future require sponsorship for employment visa status (i.e. H1-B STATUS)?**  
 (CIRCLE ONE) YES NO (The Mountain Center policy is not to provide employment sponsorship.)

## AGREEMENT

### EMPLOYMENT AT WILL

I acknowledge that employment with The Mountain Center is entirely on an "at-will" basis and receipt of this application does not imply that I will be employed. If I do become an employee of The Mountain Center, I understand that either I or The Mountain Center can terminate my employment at any time, with or without prior notice.

### BACKGROUND CHECK AUTHORIZATION AND FAIR CREDIT REPORTING ACT (FCRA)

Pursuant to our contract with NM Children, Youth and Families Department, all contractors, facilitators, and staff of The Mountain Center are required to consent to a background check. Existence of a criminal record does not automatically disqualify an applicant from employment.

I authorize The Mountain Center (or its authorized agents) to conduct a background check on my employment history, driving record, criminal history, educational credentials and any other information deemed necessary for the evaluation of my application for employment. I understand that this information will be used solely for the purpose of evaluating my suitability for employment.

I understand that if my application for employment is granted and that I am hired, that The Mountain Center may obtain further information from time to time so as to update, renew, or extend my employment.

I understand that The Mountain Center may use a third-party consumer reporting agency to prepare a consumer report or investigative consumer report on me for employment purposes. I understand that if I am the subject of such a report, I have the right to be informed of the nature and scope of the report requested, as well as my rights under the FCRA.

### RELEASES

I authorize my former employers, any person, firm, corporation, school, college, university, or government agency to answer all questions and to release or provide any information within their knowledge or records. I further request that my former and/or current employer provide a reference regarding my prior and/or current employment. I understand and acknowledge that such an employer acting in good faith is immune from liability for comments about my job performance and I release them from liability.

### LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA

I understand and agree that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the USA for The Mountain Center, and if I fail to provide satisfactory proof, the offer of employment will be withdrawn and, if employed, my employment will be terminated.

### ACTIVE STATUS OF EMPLOYMENT APPLICATION

I understand that this Employment Application will be active for 90 days. If I want to be considered after 90 days, I must complete a new Employment Application.

### TRUTHFULNESS

I certify that all statements made by me on this application and in the course of the pre-employment process are true and complete to the best of my knowledge. I understand that misrepresentations, false information, or omissions may be cause for rejection, disqualify me from further consideration for employment, and/or may be cause for subsequent dismissal if I am hired.

I acknowledge that I have read the above statements, understand the same, and consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE PRINT:

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Initial \_\_\_\_\_

An Equal Opportunity Employer: In compliance with Federal and State equal employment opportunity laws, applicants are considered for employment without regard to race, color, religion, ancestry, national origin, age, sex, spousal affiliation, sexual orientation, gender identity, genetic information, physical or mental handicap or disability or serious medical condition, military or veteran status, or any other protected class under New Mexico or Federal law. No question on this application is intended to elicit protected information. If you have a disability and require a reasonable accommodation related to completing this application or other steps in the hiring process, please contact the Human Resources Department at [jobs@themountaincenter.org](mailto:jobs@themountaincenter.org)