



1356 NM 236
 Portales, NM 88130
 (575) 356-5372 phone
 (575) 356-0760 fax
 www.nmcch.org
 contact@nmcch.org

APPLICATION FOR EMPLOYMENT

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF

Today's Date: _____ Date Available: _____
 Last Name: _____ First Name: _____ Middle Name: _____
 Present Street Address: _____ City/State/Zip _____
 Permanent Address: _____ City/State/Zip _____
 Home Phone: _____ Cell Phone: _____
 Date of birth: _____ Place of birth: _____
 Marital Status: Single Married Divorced Separated Marriage Date: _____
 Social Security #: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
 Position Desired: Houseparent Caseworker Maintenance Clerical Administrative Other
 If other, please specify: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILDREN

Name	Date of Birth	Address	Contact Phone

NAME OF NEAREST RELATIVE (not named above)

Last Name: _____ First Name: _____ Relation to You: _____
 Street Address: _____ City/State/Zip _____

SPIRITUAL CONSIDERATIONS

How long have you been a Christian? _____

How long have you attended the Church of Christ? _____

Do you accept the tenets and practices of the Church of Christ? Yes No

As an employee of the New Mexico Christian Children's Home, would you agree to attend the Southside Church of Christ while in our employ? Yes No

What are your current forms of spiritual self-development? _____

As a Christian, what do you believe will be the most important thing that you can do to influence a child in your care for Christ? _____

Church Membership: _____ City/State: _____

How active are you in your current membership? Active Occasional Inactive

In what activities are you involved in your congregation? _____

SPECIFIC CONSIDERATIONS FOR WORKING AT NMCCH

Do you consider yourself to be a self-starter? Yes No

Do you have occasional temper flare-ups or anger management issues? Yes No

If yes, have these ever caused any problems in the home, workplace, or other? Yes No

If yes, please explain: _____

Are you able to work well with people with whom you do not agree? Yes No

Do you have any special physical, mental, or emotional needs? Yes No

If yes, please explain: _____

If you do not approve of one of the rules of the Home, what will your course of action be? _____

What steps will you take if you find it difficult to personally deal with a co-worker? _____

GENERAL INFORMATION

Secondary Education (circle highest grade completed): 9 10 11 12

College (circle number years completed): 1 2 3 4 5

Degree, if completed: _____ Graduation Date: _____

Major: _____ Minor: _____

Graduate Work/Degree: _____ Other Education: _____

Do you or any of your family members residing with you drink alcoholic beverages? Yes No

Do you or any family member residing with you smoke? Yes No

Do you or any family member residing with you use any tobacco products? Yes No

Have you or any family member residing with you been convicted of any crimes? Yes No

If so, please state crime(s) and date(s) of occurrence: _____

Have you ever been bonded? Yes No

If so, where and for what purpose? _____

How is your health? Good Fair Poor

How is the health of other family members residing with you? Good Fair Poor

Please explain any poor health issues: _____

Have you had any hospitalizations or accidents in the past five years? Is so, please explain:

Have you or your spouse been employed by another child care agency? Yes No

If so, when and where? _____

What were your reasons for leaving? _____

REFERENCE AND EMPLOYMENT INFORMATION

Personal References (please list three people who are not your relatives and who know you well)

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Present and Past Employment record (begin with most recent and go back 10 years, adding sheets if needed)

Name of Business: _____

Address: _____ Phone #: _____

Supervisor: _____ Start/End Dates: _____

Type of work: _____

Reason for leaving: _____

Name of Business: _____

Address: _____ Phone #: _____

Supervisor: _____ Start/End Dates: _____

Type of work: _____

Reason for leaving: _____

Name of Business: _____

Address: _____ Phone #: _____

Supervisor: _____ Start/End Dates: _____

Type of work: _____

Reason for leaving: _____

Name of Business: _____

Address: _____ Phone #: _____

Supervisor: _____ Start/End Dates: _____

Type of work: _____

Reason for leaving: _____

PLEASE NOTE THE FOLLOWING:

- ▶ Supply a copy of the reference letter (provided below) to each of the three references listed previously, and ask them to return the completed letters to us. Your application will not be considered complete until the letters have been returned to us.
- ▶ Enclose a resume, if available, as well as a recent family photograph or one of you and your spouse.
- ▶ A National Criminal Records Check is required and will be performed, the results of which must reveal no record of any crimes that would disqualify your employment under applicable licensing regulations.

SIGNATURE SECTION

To the best of my knowledge and belief, the information on this application is true and correct.

Signature _____ Date: _____



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This form is to be returned via mail, email or fax by the evaluator, directly to the New Mexico Christian Children's Home.

Section 1: To be completed by applicant

Name: _____

Position being sought: _____

Evaluator, you have my permission to complete this evaluation based on your knowledge of my background. I further understand that the information provided will become the property of the New Mexico Christian Children's Home and shall not be returned to me.

Signature: _____ Date: _____

Section 2: To be completed by evaluator

The individual named above has applied for employment with our ministry to children. Cooperation by people such as you helps us provide safe and loving care for children for whom we are responsible. We would appreciate you taking a few minutes to provide the following information, which will remain confidential to the extent allowed by law.

Information is based upon: Personal acquaintance Co-worker Worked under my supervision
My we telephone you for additional information? Yes No Daytime Phone Number: _____

Name: _____

Title: _____

Mailing address: _____

E-mail Address: _____

How long have you known this individual, and in what capacity?

- If this person has worked for you in the past, would you re-hire him or her? N/A Yes No
- Have you ever visited in his or her home? Yes No
- Do you consider this person trustworthy? Yes No
- Do you consider him/her to possess high moral, Christian standards? Yes No
- Do you believe he/she would be a good example around children? Yes No

