



New Mexico  
**Christian Children's Home**

1356 NM 236  
Portales, NM 88130  
(575) 356-5372 phone  
(575) 356-0760 fax  
www.nmcch.org  
business.operations@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 #: \_\_\_\_\_

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**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: \_\_\_\_\_

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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 (copies 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

**Section 2: To be completed by evaluator (continued)**

Have you seen him/her interact with children? If so, please comment on that interaction.

Yes  No

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How does this person relate to others?

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What do you consider to be his/her strengths?

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What do you consider to be his/her weaknesses?

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Additional comments:

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Additional comments:

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