



PO Box 98  
 Cochiti Pueblo, NM 87072  
 Telephone (505) 465-0264 Fax (505) 465-0281

**PUEBLO de COCHITI HOUSING AUTHORITY  
 APPLICATION FOR EMPLOYMENT**

**NAME** \_\_\_\_\_  
 Last First Middle Date of Birth Social Security Number

**PRESENT ADDRESS** \_\_\_\_\_  
 Street/P.O. Box  
 \_\_\_\_\_  
 City State Zip Code Telephone Number Driver's License

**PREVIOUS ADDRESS: (If at present address less than 1 year)**

Street/P.O. Box City State Zip Code

**ARE YOU A COCHITI PUEBLO MEMBER?** Yes\_\_\_ No\_\_\_ Referred by\_\_\_\_\_  
 If related to anyone in our employ, state name & dept.\_\_\_\_\_

**POSITION APPLYING FOR:**\_\_\_\_\_ **DATE YOU CAN START**\_\_\_\_\_

**ARE YOU EMPLOYED NOW?**\_\_\_ **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?**\_\_\_\_\_

**HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS ENTITY?**\_\_\_\_\_  
**WHEN?**\_\_\_\_\_ **WHAT POSITION**\_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL OR INSTITUTION	YEAR & TYPE OF CERTIFICATE OR DEGREE	IF NOT DEGREED, LIST MAJOR NUMBER OF HOURS OF STUDY OR TRAINING
HIGH SCHOOL			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			
OTHER AREAS OF STUDY OR TRAINING			

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? Yes\_\_\_ No\_\_\_ If Yes, which branch?\_\_\_\_\_

Date of Service: From:\_\_\_ To:\_\_\_ Type of Discharge\_\_\_ Rank at time of discharge\_\_\_\_\_

Did you have any special training or duty? Yes\_\_\_ No\_\_\_ If Yes, please explain\_\_\_\_\_

**FORMER EMPLOYERS (List below last four (4) employers, starting with last one first)**

Date Month & Year	Name, Address, Phone Number of Employer	Salary	Position & Immediate Supervisor	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES: Below give the names of two (2) persons not related to you, whom you have known at least one (1) year.**

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

**In case of emergency notify:** \_\_\_\_\_  
Name Address Telephone Number

**HEALTH**

**Do you have any physical defects?** Yes\_\_\_ No\_\_\_ If Yes, please explain \_\_\_\_\_

**Have you had any serious illness in the past five (5) years?** Yes\_\_\_ No\_\_\_ If Yes, please explain \_\_\_\_\_

**Will you take a physical examination, if asked to do so, at our expense?** Yes\_\_\_ No\_\_\_

**Use the following space for additional information or remarks you wish to submit.** \_\_\_\_\_

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**