



911 South Tenth Street, Tucumcari, NM 88401  
(575) 461-4413; FAX: (575) 461-1901  
www.mesalands.edu

## Application for Employment

Mesalands Community College is committed to the policy of equal opportunity in employment and education regardless of race, color, religion, national origin, sex, age, physical or mental disability, serious medical condition or veteran status. The College will endeavor to maintain the confidentiality of the information contained in this application to the extent permitted by law.

### Personal Data

Position for which you are applying \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

Name/Address \_\_\_\_\_  
Last First Middle

Address City State Zip

List any former name(s) which may appear on educational and prior employment records: \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Message

E-mail address: \_\_\_\_\_

Are you under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for Mesalands Community College? Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, when? \_\_\_\_\_

Please list the following information for any of your relatives currently employed at Mesalands Community College or serving on the Board of Trustees:

Name	Relationship	Name	Relationship
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### Work Experience

Beginning with the most recent, list complete information for all employment for the past ten years. Please use additional copies of page 2 to complete your 10-year employment history. Resumes may NOT be submitted in place of employment history, but may be required as part of the application package (attach additional sheets if necessary). Final candidates will have their current and former employers contacted.

Name of present or last employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

Name of previous employer \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Job title and nature of work done \_\_\_\_\_

Phone number: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_ Name of supervisor \_\_\_\_\_

List reason for leaving employment: \_\_\_\_\_

**Explain all gaps in employment during the last 10 years, including unemployment, military service, education, etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education**

Please indicate the highest level of education completed:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Associate degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> GED certificate     | <input type="checkbox"/> Bachelor degree  | <input type="checkbox"/> Doctorate       |

Please list for each post-secondary degree earned: degree, field of study, institution, and year the degree was awarded:

Degree	Field of Study	Institution	Year

**Professional Certifications**

Please list any professional certifications you have, the document number, and the date of expiration:

Certification	Document Number	Date of Expiration

**Special Skills**

Please check the boxes below for the skills in which you feel you have reached proficiency:

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Typing: wpm _____        | <input type="checkbox"/> Desktop Publishing    | <input type="checkbox"/> Electricity | <input type="checkbox"/> Carpentry      |
| <input type="checkbox"/> Windows Operating System | <input type="checkbox"/> Computer Graphics     | <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Custodial      |
| <input type="checkbox"/> Word Processing          | <input type="checkbox"/> Presentation Software | <input type="checkbox"/> Painting    | <input type="checkbox"/> Groundskeeping |
| <input type="checkbox"/> Computer Data Entry      | <input type="checkbox"/> Shorthand             | <input type="checkbox"/> Mechanical  | <input type="checkbox"/> Bronze Foundry |
| <input type="checkbox"/> Spreadsheets             | <input type="checkbox"/> Dictaphone            | <input type="checkbox"/> Welding     | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Database                 | <input type="checkbox"/> Cash Register         |                                      |   |
|   | <input type="checkbox"/> Calculator            |                                      |   |
|   | <input type="checkbox"/> Library               |                                      |   |

**Additional Information**

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Please give any additional information that more fully describes your interests and qualifications. If job description indicates a valid driver license is required, please list pertinent information (Use additional sheets of paper if necessary.)

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How did you learn of this job position? \_\_\_\_\_

**Professional References**

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Please list three professional references that know your qualifications and work experience for the position for which you are applying:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

How does this reference know your qualifications and experience? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

How does this reference know your qualifications and experience? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

How does this reference know your qualifications and experience? \_\_\_\_\_

**IMPORTANT:** In most cases other application materials are required for a complete application. Please refer to the appropriate job announcement or advertisement for complete application requirements. All transcripts and records from high schools, colleges, and/or universities received by Mesalands Community College will become the property of the institution. No transcripts will be released. Applicants who desire copies of their transcripts should write directly to the institutions attended.

**Applicant's Certification**

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I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of the application or dismissal after employment. By signing this application, I authorize Mesalands Community College to conduct a background investigation, including reference and employment checks, verification of education, and a criminal check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number