



Employment Application

BorderRAC, the *Far West Texas & Southern New Mexico Regional Advisory Council on Trauma and Emergency Healthcare* (the "Company"), is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Personal		
Last Name First Initial		Social Security #
Other Name(s) Used		Home Telephone # ()__ __
Address		Business or Message # ()__ __
Position Applied For	Referred By	Salary Desired
Do you have any relatives employed by the Company or its affiliates? __ Yes __ No	If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? __ Yes __ No	Are you eligible to work in the United States? __ Yes __ No	
Have you ever been convicted of or pleaded no contest to a felony? __ Yes __ No		
If yes, please explain:		

Education			
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Circle Highest Grade Completed: High School 9 10 11 12

College, Trade or Business 1 2 3 4

Graduate Studies

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications

For Clerical Applicants Only:

Do you type? __ Yes __ No

If yes, WPM:

Computer Skills (Hardware/Software)

Employment History

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information. (May include additional sheets).

Employed From _ / _ / _	Employer Name	Supervisor Name	Starting Salary
Employed Until _ / _ / _	Employer Address	Supervisor Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

Employed From _ / _ / _	Employer Name	Supervisor Name	Starting Salary
Employed Until _ / _ / _	Employer Address	Supervisor Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

Employed From _ / _ / _	Employer Name	Supervisor Name	Starting Salary
Employed Until _ / _ / _	Employer Address	Supervisor Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

May We Contact Your Present Employer? Yes No

References:

Name/Title/Address/Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____