



P.O. Box 620  
Acoma, NM 87034

"Providing Safe and Affordable Housing Opportunities"

Phone: (505) 552-7528  
Fax: (505) 552-9093

### APPLICATION FOR EMPLOYMENT

#### TYPE OR PRINT IN BLACK INK

The completion of this application represents your ability to provide written communication and follow directions. Remember that the information you provide will be the primary source of information in making selection decisions. Excessive or non-essential information and attachments will not be considered or referred. Only information necessary to complete the application should be attached, e.g., transcripts, DD-124, training certificates applicable to position ONLY.

Be informed that incomplete and/or illegible applications will not be processed. Application is accepted only for the position advertised.

This application form and its attachments are official property of the Pueblo of Acoma Housing Authority and cannot be returned, reused or copied after being submitted. You are responsible for retaining a copy of this application for your records.

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear of position(s):

Newspaper: \_\_\_\_\_ Job Notice Board: \_\_\_\_\_ Family/Friend: \_\_\_\_\_ Walk-In: \_\_\_\_\_ Other: \_\_\_\_\_

#### PERSONAL

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Are you a member of a Native American Indian Tribe?  YES  NO;  
If Yes, Name of Tribe: \_\_\_\_\_ Census Number: \_\_\_\_\_

If NO, can you provide required documents for proof of your eligibility to work?  YES  NO

Have you been previously employed by the Pueblo of Acoma?  YES  NO;  
If YES, Explain: \_\_\_\_\_

Is any of your immediate family employed by the Pueblo of Acoma Housing Authority?  YES  NO;  
If YES, Explain: \_\_\_\_\_

When will you be available to work? \_\_\_\_\_ Are you 18 years old or over?  YES  NO

Have you been convicted of a crime in a civilian or military court?  YES  NO; You may exclude minor traffic violations.

Depending on the position applying for, a thorough Background Check will be conducted.

**EDUCATION**

Circle your highest education level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Did you graduate from high school? \_\_\_ YES \_\_\_ NO Graduation Date (Month/Year): \_\_\_\_\_

	Name & Address of School(s)	Major/Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe applicable courses, classes, and extra curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job related military service assignment and volunteer activities. Please fill in all blanks completely; leaving space blank may delay verification of employment.

May an inquiry be made to your present employer regarding your character, qualifications, and record of employment? \_\_\_ YES \_\_\_ NO; If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: _____	Left Employment in Good Standing? ___ YES ___ NO If NO, Explain: _____
Address: _____ _____	_____
Work Number: _____	Describe major job duties: _____
Name of Supervisor: _____	_____
Job Title: _____	_____
Rate of Pay: _____	_____
Employed From: _____ To: _____	_____
Reason for Leaving: _____ _____ _____	_____

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Left Employment in Good Standing?  YES  NO  
If NO, Explain: \_\_\_\_\_

Describe major job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Left Employment in Good Standing?  YES  NO  
If NO, Explain: \_\_\_\_\_

Describe major job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Left Employment in Good Standing?  YES  NO  
If NO, Explain: \_\_\_\_\_

Describe major job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

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List specialized or job related skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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

List specialized operation in office equipment, machinery, and other equipment (i.e., PC., Fax, Backhoe, etc.): \_\_\_\_\_

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

BRIEFLY state any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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

**REFERENCES**

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Name at least three (3) people, excluding relatives, who know of your work background and qualifications.

Name: _____	Phone Number: _____			
Job Title: _____	Work Number: _____			
_____				
Address (P.O./Street)	City	State	Zip Code	Year(s) Known: _____

Name: _____	Phone Number: _____			
Job Title: _____	Work Number: _____			
_____				
Address (P.O./Street)	City	State	Zip Code	Year(s) Known: _____

Name: _____	Phone Number: _____			
Job Title: _____	Work Number: _____			
_____				
Address (P.O./Street)	City	State	Zip Code	Year(s) Known: _____

**APPLICANT'S STATEMENT**

I certify that the answers and information given in this application are true and complete to the best of my knowledge. I do hereby authorize an investigation of all statements contained in this application for employment. I understand that depending on the position applied for, a BACKGROUND CHECK will be conducted.

I further acknowledge that my application for employment will remain in an active status for a period of time not to exceed 90 days. Should I wish to be considered for employment after the 90 days, an inquiry will be made as to whether or not applications are being accepted and an updated application will be submitted.

In the event I am to be employed, I understand that any false, misleading, or incomplete information within this application or interview will result in immediate dismissal, I further understand that I will be required to adhere to and accept all rules, regulations, policies, and procedures of the Pueblo of Acoma Housing Authority.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR EXECUTIVE DIRECTOR AND HUMAN RESOURCE DEPARTMENT USE ONLY

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Position is currently an advertised position?    \_\_\_ YES    \_\_\_ NO

Other position(s) interested in: \_\_\_\_\_

Schedule for interview: \_\_\_\_\_

Date of Interview	Place	Time
Selected for Position of: _____ Date of Hire: _____		
Entry Rate of Pay: _____	Department/Program: _____	
Immediate Supervisor: _____	Status: _____	
Additional information and/or instructions: _____		
_____		
_____		
_____		
_____		
_____		