



Northen Regional Housing Authority

2400 Sagebrush
Las Vegas, NM 87701
Phone: (505) 425-9463

525 Ranchitos Road Unit 962
Taos, NM 87571
Phone: (575) 758-3930

309 Parson
Raton, NM 87740
Phone: (575) 445-8021

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Northern Regional Housing Authority to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Date
ADDRESS: Street Number and Name, City, State, Zip Code	Cell Phone No.	
E-MAIL ADDRESS:		
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Do you have a valid New Mexico Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No		



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EMPLOYMENT DESIRED

POSITION desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been employed by NRHA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Do you have relatives working for NRHA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who and what relation?	
How were you referred to the Company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)		
Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate ? (Yes/No)	What Degree	Major Subject/ Total Hours (If applicable)
High School	[REDACTED]			
College/University				
College/University				
Highest Degree Earned				
(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates, or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information with a written attachment if applicable.				



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WORK EXPERIENCE

List your last three (3) employers, assignments or volunteer activities that would be relevant to this position, starting with the most recent, including military experience. Explain any gaps in employment in the COMMENTS section. You may submit a resume along with this application.

Employer:	Telephone:	Date Employed:
Address:	From:	
Job Title:	To:	
Immediate Supervisor (Name/Title):	Hourly Rate/Salary: Start: Final:	
Reason for Leaving:		
Summarize work performed/job responsibilities:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Telephone:	Date Employed:
Address:	From:	
Job Title:	To:	
Immediate Supervisor (Name/Title):	Hourly Rate/Salary: Start: Final:	
Reason for Leaving:		
Summarize work performed/job responsibilities:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Telephone:	Date Employed:
Address:	From:	
Job Title:	To:	
Immediate Supervisor (Name/Title):	Hourly Rate/Salary: Start: Final:	
Reason for Leaving:		



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Summarize work performed/job responsibilities:

May we contact your employer:

Yes No

REFERENCE DATA

PROFESSIONAL:

Name	Address	Phone No. (Area Code)

PERSONAL:

Name	Address	Phone No. (Area Code)

SKILLS AND QUALIFICATIONS

Types of computers, software, and other equipment you are qualified to operate or repair:

Additional skills, including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:

MILITARY SERVICE



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Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		



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My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature

Date of Application