

REQUIRED BY DOH

Please submit the following documents with the application:

1. Valid Driver's License
2. Current Vehicle Registration
3. Proof of Current Vehicle Insurance
4. Proof of Right to Contract (as required by Dept. of Labor and Dept. of Immigration (i.e. work visas, social security cards, etc.)



Su Vida Services Inc.

8501 Candelaria, Bldg A, ABO 87112

Application for Employment

The company does not discriminate in employment on the basis of race, color, creed, religion, sex, sexual preference, age, national origin, veteran status or disability. If any questions do not apply, so state. If insufficient space is provided, please attach a supplemental sheet.

Name: _____ Date: _____
(LAST) (FIRST) (M.I.)
Address: _____
(STREET) (CITY) (STATE) (ZIP)
Home Phone: (_____) _____ Other phone: (_____) _____ Social Security Number: _____ - _____ - _____

List Any Relatives employed by or contracting with Su Vida Services Inc. and relationship:

New Mexico Department of Health (DOH) requires all caregivers undergo a criminal background screening, as required we ask potential contractors:
What is your date of birth? _____ Where were you born? _____
Have you been convicted of a felony? _____ Yes _____ No
If yes, explain: _____
Have you been convicted of a crime which may make you ineligible for contract under DOH rules? _____ Yes _____ No
If yes, explain: _____
Are you currently under investigation for abuse, neglect or exploitation of a minor or disabled adult? _____ Yes _____ No
If yes, explain: _____

Under the Immigration Reform Act, this company requires all contractors must have the legal right to contract in the United States. Can you produce documentation establishing your identity and your legal right to contract in the United States. _____ Yes _____ No

Have you worked for or contracted with Su Vida Services Inc. previously? _____ Yes _____ No. If yes, when/where: _____

POSITION APPLYING FOR: _____
WAGE/SALARY DESIRED : _____ /HR OR _____ MONTH.
DATE ABLE TO START WORK: _____ SCHEDULE OF DAYS/HRS AVAILABLE TO WORK: _____

Educational Record

Name/Location of High School: _____
Did you graduate? _____ Yes _____ No If yes give date: _____ If no, what is highest grade completed: _____
If you have not completed high school, have you take and passed the GED test: _____ Yes _____ No
If yes, please indicate GED certificate number _____

Name/Location of college/university: _____
Did you graduate? _____ Yes _____ No If yes give date: _____ Degree Granted: _____ Major: _____

Other college/university/technical or trade school name and location: _____
Did you graduate? _____ Yes _____ No If yes give date: _____ Degree Granted: _____ Major: _____

Are you currently in school? Give month and year of expected completion: _____ Major: _____
Do you speak a foreign language fluently? If so, indicate which language: _____

What other training or education do you have which makes you qualified to be an employee in the position you have applied for?

Employment History

List present or most recent employer first – list multiple positions with an employer separately

Company: _____ Address: _____
Telephone Number: (_____) _____ Position: _____
Start Date: _____ End Date: _____ Starting Salary: _____ End Salary: _____
Supervisory: _____ May we contact? _____ Yes _____ No
Reason for Leaving: _____
Duties: _____

Company: _____ Address: _____
 Telephone Number: (_____) _____ Position: _____
 Start Date: _____ End Date: _____ Starting Salary: _____ End Salary: _____
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List three work related references (list only persons that can be contacted)

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

ALL POTENTIAL EMPLOYEES

In addition to the completed Applicant Information the following information is needed:

1. A copy of the provider's valid driver's license (as required by DOH).
2. A copy of the Vehicle Registration (as required by DOH).
3. Proof of Vehicle Insurance (as required by DOH): verifying sufficient medical coverage for the service recipient as a passenger.
4. Proof of Right to Work (as required by Dept. of Labor, Dept. of Immigration (i. e. work visas, social security cards, etc.).

Applicant's Certification: I certify the statements made by me on this information packet and any supplementary materials submitted such as resume, transcripts, licenses, certificates are true, correct and complete to the best of my knowledge and belief. I understand any omission or misrepresentation of material fact may result in loss of employment or refusal to be employed. It is understood and agreed that an independent investigation regarding my employment and criminal history will be made as mandated by state and federal law. I authorize the release of any information concerning me, written or not in possession of my present employer (if contact is specifically authorized above) and former employers, supervisors, co-workers, physicians, schools and any others who may be contacted by the company with reference to my contract, and I hereby release and hold them harmless from any liability whatsoever.

 Signature of Applicant _____
 Date

RETURN INFORMATION PACKET, COPY OF DRIVER'S LICENSE, VEHICLE REGISTRATION, VEHICLE INSURANCE AND PROOF OF RIGHT TO CONTRACT TO: 8501 Candelaria, Bldg A, ABQ 87112

Date Received at Su Vida Services: _____
 ANE Registry Check Done: _____ BY: _____
 ANE Registry Status: _____



"Your Life - Your Choices"



Su Vida Services Inc.

Reference Verification

Applicant: _____

Position Applying For: _____ Date: _____

I, _____ give my permission for representatives of Su Vida Services Inc., to contact the person(s) and/or employer named below as references and to obtain the information as requested below.

Signature of Applicant

Applicant Do Not Write Below This Line

Name of Reference: _____

Company: _____ Phone: _____

How did you know the applicant? _____

What position did they hold? _____

What were their duties? _____

Please rate them on the following work habits. (Unacceptable Acceptable Outstanding)

Knowledge of work responsibilities Unacceptable Acceptable Outstanding

Ability to work with others Unacceptable Acceptable Outstanding

Independence Unacceptable Acceptable Outstanding

Reliability Unacceptable Acceptable Outstanding

Motivation Unacceptable Acceptable Outstanding

Willingness to learn Unacceptable Acceptable Outstanding

Would you re-hire? YES NO

Explain: _____

Additional Comments: _____

Reference completed by : _____ Date: _____



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Su Vida Services Inc.
Reference Verification

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Motivation Unacceptable Acceptable Outstanding

Willingness to learn Unacceptable Acceptable Outstanding

Would you re-hire? ___ YES ___ NO

Explain: _____

Additional Comments: _____

Reference completed by : _____ Date: _____



Su Vida Services Inc.
Employment Verification

Applicant: _____

Position Applying For: _____ Date: _____

I, _____ give my permission for representatives of Su Vida Services Inc., to contact the person(s) and/or employer named below as employment verification and to obtain the information as requested below.

Signature of Applicant

Applicant Do Not Write Below This Line

Name of Supervisor: _____

Company: _____ Phone: _____

Position Held _____

Start Date: _____

End Date: _____

Pay Rate at the end of Employment: _____

Reason for leaving: _____

Eligible for re-hire? YES NO

Comments: _____

Completed by : _____ Date: _____