

DO YOU HAVE ANY SPECIAL SKILLS? (FILL IN ONLY IF JOB RELATED)

ARE THERE ANY POSITIONS THAT YOU SHOULD NOT BE CONSIDERED FOR OR JOB DUTIES YOU CANNOT PERFORM IN A RESPONSIBLE MANNER BECAUSE OF A PHYSICAL, MENTAL OR MEDICAL DISABILITY? IF YES, PLEASE DESCRIBE

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATED? IF YES, STATE DEGREE
HIGH SCHOOL			
COLLEGE/TECH INSTITUTE:		MAJOR: MINOR:	
GRADUATE SCHOOL:		MAJOR: MINOR:	

ARE YOU STILL IN SCHOOL? IF YES, WHERE?

HOW MANY COURSES?

WHAT IS YOUR COURSE OF STUDY?

PERSONAL REFERENCES: GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSONAL REFERENCE NOT RELATED TO YOU OR EMPLOYER.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS ACQUAINTED

EMPLOYEE RESPONSIBILITY TO THE ORGANIZATION. - *PLEASE READ BEFORE SIGNING.*

As a condition of my employment, I accept the principle that my employment depends on my conduct and honesty and upon the trust and confidence of the public. Our customers rightly expect honesty, security and confidentiality in their affairs. I therefore agree to the following:

1. I agree to give no unauthorized information relative to the account of the organization or its relation with others, and to discuss no matters of a confidential nature relating to the organization's affairs unless such a discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.
2. I also agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct, which I discover or know to have taken place in any records, property or funds of the organization, and to report any transaction or matter that seems damaging to the organization.

I acknowledge and understand that any violation of this agreement may result in the termination of my employment.

NAME

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK ANY INTERVIEWER BEFORE SIGNING.

In any event of my employment with this company, I will comply with all the rules and regulations as set forth in the T&R company policy or other communications distributed to all the staff members, as well as a credit check and a background check, should the position I am hired for require it. I understand that such employment may be conditional upon a favorable health evaluation which may include a physical examination by a doctor selected by the company and to which I hereby assent. I further agree to complete all necessary forms in that regard. Additionally, I authorize the company to supply my employment record, in whole or in part and in confidence, to any prospective employer, government agency, or any other party with a legal and proper interest. (AS PROVIDED IN NMSA 1978 SECTION 50-12-1 SUPPLEMENT).

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand any falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. **I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the company or myself. THIS IS NOT A CONTRACT OF EMPLOYMENT.** Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the company. If accepted for employment, I agree, upon request, to have my fingerprints and photograph taken for the purpose of identification.

Check One:

YOU MAY _____ YOU MAY NOT _____ CONTACT MY PRESENT EMPLOYER.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

APPLICANT'S SIGNATURE

DATE

NOTICE OF INTENTION TO OBTAIN A CREDIT REPORT

In accordance with the Fair Credit Reporting Act section 604 (b) (2) (a), T&R Market may obtain a credit report on all individuals who apply for new employment or current employees for retention or promotions.

**NOTIFICATION AND AUTHORIZATION FORM
FOR EMPLOYMENT CREDIT REPORT**

I authorize T&R Market to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize T&R Market to check my credit report, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is based totally or partially on the information in the report T&R Market will give me a summary of my rights under the Fair Credit Reporting Act, and the source of the credit reports so that I may contact them, if I wish.

Applicant's name (print)

Applicant's Signature

Street / PO Box

City

Zip

Social Security Number

Date