

Employment Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ Alternate Phone: () _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for:

GranCor Participates in E-Verify	Information from new employee's Form I-9 to will be provided to the Social Security Administration, and if necessary, to the Department of Homeland Security to confirm work authorization				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you related to anyone employed with GranCor or New Mexico Labor Solutions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who/relationship?		
Have you ever been convicted of a crime in the last 7 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Government Security Clearances Obtained

If unable to obtain clearance, please explain why:

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

Training and Certifications

Type: _____ Current Through Date: _____

Type: _____ Current Through Date: _____

Type: _____ Current Through Date: _____

Type: _____ Current Through Date: _____

Employment History

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Tasks Performed:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary:	
Tasks Performed:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Tasks Performed:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Disclaimer and Signature

If employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature _____ Date _____

GranCor Enterprises Inc.
2121 Menaul NE * Alb, NM 87107 * (505) 872-0005 *1539 US Highway 60/84 * Clovis, NM * (575) 784-8888
NMSCL#91469

**An Equal Opportunity Employer Functioning Under An Affirmative Action Plan
GranCor Verifies Employment Eligibility Through E-Verify
GranCor Reports Employment To NM New Hire.com
Applicants May Be Subject To Background Checks**

Specific Experience Not Previously Listed

CONCRETE FORMING:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

CONSTRUCTON DEMOLITION:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

CONSTRUCTION LABOR:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

PAINTING:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

BASIC HARDWARE INSTALLATION:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

BASIC CABINETRY REMODEL:

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

Company: _____ From: _____ To: _____ Phone: ()

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Specific Experience Not Previously Listed, cont.

MINOR WELDING EXPERIENCE:

Company: From: To: Phone: ()

Company: From: To: Phone: ()

Company: From: To: Phone: ()

OTHER: LIST IN DETAIL BELOW

Company: From: To: Phone: ()

Company: From: To: Phone: ()

Company: From: To: Phone: ()

May we contact any/all of your previous employers for references?

YES

NO

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Supplemental Personal Data for Affirmative Action

New Mexico Labor Solutions is an Equal Opportunity Employer committed to the policies and principles of affirmative action in its recruitment, hiring and promotion activities.

We ask for your voluntary cooperation in providing the information requested on this form. This information will be used for statistical purposes only, to monitor our advertising, recruitment and hiring success, and to assist in responding to State and Federal agencies. This *optional* form will be kept separate from your employment application and will not affect you as an individual candidate. This information will not be made available to the hiring supervisor. Failure to submit this information *will not* disqualify you for present or future employment.

Print Name: _____

Position Applied For: _____

How Did You Learn About This Vacancy: _____

Please Check the Appropriate Boxes

Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female
With Which Racial/Ethnic Group Do You Identify?
<input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Two or More Races
U. S. Military Veterans Status - Check All That Apply
<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran (last 3 years) <input type="checkbox"/> Armed Forces Services Medal Veteran <input type="checkbox"/> Other Protected Veteran <small>(served on active duty in armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a special disabled veteran, veteran of the Vietnam era, or recently separated veteran)</small>
Disability Status
<p>Definition: Has a physical, sensory or mental condition that significantly limits one or more of the major life activities; OR has a record of such a condition; OR is regarded as having such a condition.</p> <p>Do you claim disability status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you need special accommodations, please specify type of accommodations needed:</p>

Signature

Date

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