

# Albuquerque Publishing Company

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

### PERSONAL

Last Name	First	Initial		Application date
Other Name(s) Used			Home telephone #	Date available to start working
Address		City	State	Zip
Business or message #				
Position applied for		Referred by		Salary desired
Have you ever been employed by Albuquerque Publishing Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed Albuquerque Publishing Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list name and relationship	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, do you have a work permit?	
Are you available <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Specify hours and days you are NOT AVAILABLE:	

### EDUCATION

School	Address	Major	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, other			
List any professional organizations			
Other special knowledge, skills or qualifications			

### EMPLOYMENT HISTORY

List all employment and experience starting with the most recent position. All information must be complete. You may attach a resume, but not in place of completing the required information.

Employed from / /	Employer name		
Employed until / /	Employer Address	Phone	
Supervisor name		Starting salary	
Supervisor phone		Ending salary	
Job title	Reason for leaving		
Duties & responsibilities			

Employed from / /	Employer name		
Employed until / /	Employer Address	Phone	
Supervisor name		Starting salary	
Supervisor phone		Ending salary	
Job title	Reason for leaving		
Duties & responsibilities			

Employed from / /	Employer name		
Employed until / /	Employer Address	Phone	
Supervisor name		Starting salary	
Supervisor phone		Ending salary	
Job title	Reason for leaving		
Duties & responsibilities			

Employed from / /	Employer name		
Employed until / /	Employer Address	Phone	
Supervisor name		Starting salary	
Supervisor phone		Ending salary	
Job title	Reason for leaving		
Duties & responsibilities			

TO BE DETACHED AND DESTROYED

The following information is used for Federal Government reporting requirements only and will not affect your employment in any way. This information is voluntary, and will not affect your employment in any way. This information is voluntary, and failure to disclose the data will have no effect on further employment consideration or hiring decisions. All data received is treated confidentially.

ASIAN  BLACK  HISPANIC  NATIVE AMERICAN  WHITE  OTHER

## SKILLS

Typing Speed (WPM)	10-Key Speed	Computer software packages/languages with which you are familiar
Professional Licenses and Certifications		
Other Machines and skills		

## DRIVING INFORMATION

THE FOLLOWING INFORMATION IS REQUIRED FOR ANY POSITION. PLEASE COMPLETE THIS SECTION EVEN IF YOU FEEL THE POSITION FOR WHICH YOU ARE APPLYING DOES NOT REQUIRE DRIVING.

Do you have a current New Mexico Driver's License?  Yes  No Do you have automobile liability insurance?  Yes  No

LIST CURRENT DRIVER'S LICENSES:

State	License Number	Class	Date of issue	Expiration date
Other states in which you have been licensed				

DRIVING EXPERIENCE: Please list all driving experience other than automobiles:

TYPE OF EQUIPMENT (Van, Tank, etc.)

ACCIDENT RECORD: Please list all accidents

TRAFFIC CITATIONS: Please list all traffic citations (other than parking violations) within the past 5 years.

Have you ever been denied a license, permit, or the privilege to operate a motor vehicle?  Yes  No

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If the answer to either of the above is yes, please explain.

## MISCELLANEOUS

Proof of identity and your legal right to work will be required if you are hired. Can you provide verification of your identity and of your legal right to work in the United States if you are hired?  Yes  No

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain	Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain
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A record of conviction will not necessarily be a bar to employment.

## COMMENTS

Please feel free to make any additional comments you feel are relevant to your position.

## AUTHORIZATION & ACKNOWLEDGEMENT

**READ CAREFULLY BEFORE SIGNING**

It is the policy of Albuquerque Publishing Company to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, sex, religion, age, national origin, ancestry, or physical or mental ability.

I understand that Albuquerque Publishing Company maintains a drug and alcohol free workplace and if considered for hire, I will be required to pass a drug and alcohol screening.

I hereby authorize all schools, persons, employers, and government agencies to furnish you my record, reason for leaving, and all information they have concerning me. I hereby release them from all liability for any damage whatsoever arising therefrom.

In processing this application, and during the course of employment, if hired, the Company may request verification of my driving record and my insurance coverage. I authorize the Company to request such information and release them, the Motor Vehicle Division, and the insurance company from any action whatsoever arising therefrom.

In processing this application, and during the course of employment, if hired, the Company may request that a consumer credit report and/or a criminal background analysis be prepared. I authorized the company to obtain a consumer credit and/or a criminal history report. I understand that I have the right to request that the Company disclose completely and accurately to me the nature and scope of the prepared consumer credit report. Such a request must be made in writing to the Human Resources Department of this Company in a reasonable amount of time after completing this application.

I agree (1) upon request, to execute authorization for any doctor or hospital to disclose to the Company any and all medical records and facts pertaining to my condition, care, and treatment; (2) that if at any time I make any claim against the Company for personal injuries, I will permit myself to be examined by a physician or physicians of the Company's selection as often as may be required.

If employed by Albuquerque Publishing, I understand my employment and compensation is "at will," and can be terminated with or without cause, and with or without notice at any time, at my option or the option of Albuquerque Publishing Company.

Any false statement, misrepresentation, or omission of fact found in this application may be cause for refusal of employment or immediate dismissal from employment.

I have read and understand the above statements.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ALBUQUERQUE JOURNAL  
Mornings and Sundays

The Albuquerque Tribune  
(A Scripps Howard Newspaper) Evenings

**Albuquerque Publishing Company**  
7777 Jefferson N.E. Albuquerque, New Mexico 87109  
P.O. Drawer J-T Albuquerque, New Mexico 87103  
(505) 823-7777

### **Motor Vehicle Record Release**

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle information to the Albuquerque Publishing Company for employment or insurance eligibility purposes.

By signing below:

I authorize Albuquerque Publishing Company to investigate and review driving and motor vehicle histories and related information periodically during the duration of my employment or insurance relationship with the company.

I understand that my employment or insurance eligibility is contingent upon the review of such information; and I confirm that I have read and understand the attached Disclosure Statement.

(Employer or Insurer): **Albuquerque Publishing Company**

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Driver License Number

\_\_\_\_\_

Printed Name (as it appears on driver's license)