



1600 Montana Ave. El Paso, Tx 79902
Equal Opportunity Employer

Position Applying for: _____ Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Social Security #: _____

Have you previously been employed by EPMHMR? No Yes If yes, when: _____

Work Availability (check all that apply): Full Time Part Time As Needed/Hourly

How did you hear about EPMHMR? _____

Previous Employment History: List all employment (including military service) for at least the past 10 years. Begin with your present employer. Resumes may not be submitted in lieu of application.

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ Ph. # _____

Job Duties : _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ Ph. # _____

Job Duties : _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ Ph. # _____

Job Duties : _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ Ph. # _____

Job Duties : _____

Reason for leaving: _____

List and explain any special skills, training and/or experience with computer software programs and other office equipment which qualify you for the position you are applying for:

Did you graduate from High School or satisfactorily receive a GED? Yes No
High School Diploma or GED obtained at: _____ City/State: _____

College/University/Vocational
School Name: _____ City/State: _____

Did you graduate? Yes No Degree/Diploma Earned: _____

Are you bilingual? Yes No Languages: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

Do you have any relatives working for EPMHMR or appointed member of the Board of Trustees? Yes No
If yes, provide names: _____

Have you ever been convicted or received deferred adjudications for anything other than a minor traffic violation?
 Yes No A conviction means: any plea of finding of guilty; any plea of nolo contendere; deferred adjudication; probation; or expungement. If yes, list ALL such offenses & state date, name of court, and disposition.

List all current/valid licenses you may hold: (Drivers, professional, etc.)

Type: _____ State/Number: _____ Expiration Date: _____
Type: _____ State/Number: _____ Expiration Date: _____
Type: _____ State/Number: _____ Expiration Date: _____

I give El Paso MHMR permission to contact the following individuals for work related reference purposes, at least two of whom are my previous or current employers. I also give permission to El Paso MHMR representatives to contact current of former employers.

Name: _____ Occupation: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Occupation: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Occupation: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

Notice to Applicants

Applicants who have been a consumer/client with EPMHMR for more than 90 days immediately prior to application are eligible to be considered as an in-house applicant. To be eligible for this priority consideration, you must meet the prerequisites and submit an in-House Bid (application) in addition to the standard application.

This application is incomplete if not accompanied by official copies of college transcripts or HS/GED and resume when applicable.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware the information given by me in my application will be investigated, with full permission, and that any misrepresentations may cause my application to be rejected and my employment terminated if hired. I consent to a drug/alcohol and TB testing for pre-employment screening.

I understand that a conviction record will be obtained from the Texas Department of Public Safety.

I understand and agree that I am employed at will and that my employment may be terminated at any time by me or by EPMHMR without prior notice or cause and without liability for lost wages.

Signature of Applicant: _____ Date: _____