

Sol Oriens LLC

5041 Indian School Road NE, Suite 300
Albuquerque, NM 87110
505.717.8001

Employment Application

APPLICANT INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please contact Recruitment and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete the entire application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly. Incomplete or illegible applications may not be processed.

Today's date: _____

Name: Last _____ First _____ Middle _____

Home Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for immediate withdrawal of the application or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination because of sex, color, race, creed, national origin, religion, age, spousal affiliation, sexual orientation, gender identity, disability, veteran status or other protected class. Additional testing of job-related work skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting for work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY: For which position are you applying? _____

What date can you start? _____ What category would you prefer?

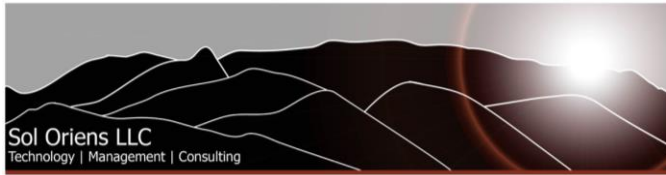
☐ Full-time ☐ Part-time ☐ Temporary

Are you available Weekdays ☐ Yes ☐ No Which days ☐ M ☐ Tu ☐ W ☐ Th ☐ F

JOB RELATED SKILLS NOTE:

- ☐ Yes ☐ No Are you over 16 years of age? (If no, you will be required to provide a work permit.)
- ☐ Yes ☐ No Have you been given a job description or had the job requirements explained to you?
- ☐ Yes ☐ No Do you understand these requirements?
- ☐ Yes ☐ No Can you perform the requirements of this job without reasonable accommodation?
- ☐ Yes ☐ No Have you ever been employed by the company before?

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications, languages (read, write and/or speak), training or other experience including office, software or hardware skills:



Sol Oriens LLC

5041 Indian School Road NE, Suite 300
Albuquerque, NM 87110
505.717.8001

PREVIOUS EMPLOYERS: Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Start with your present or last job and complete for the prior 10 years. Include military service assignments and volunteer activities.

Employer 1		Dates Employed		Work Performed
		From	To	
		MM-DD-YYYY	MM-DD-YYYY	
Phone				
Address				
Job Title		Compensation (sal/hrly) Start End		
Reason for Leaving		Supervisor Name, Title, PH#		
Employer 2		Dates Employed		Work Performed
		From	To	
		MM-DD-YYYY	MM-DD-YYYY	
Phone				
Address				
Job Title		Compensation (sal/hrly) Start End		
Reason for Leaving		Supervisor Name, Title, PH#		
				May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
				May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 3		Dates Employed		Work Performed
		From To		
		MM-DD-YYYY	MM-DD-YYYY	
Phone				
Address				
Job Title		Compensation (sal/hrly) Start End		
Reason for Leaving		Supervisor Name, Title, PH#		
		May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer 4		Dates Employed		
		From To		
		MM-DD-YYYY	MM-DD-YYYY	
Phone				
Address				
Job Title		Compensation (sal/hrly) Start End		
Reason for Leaving		Supervisor Name, Title, PH#		
		May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If any employment was under a different name, indicate that name: _____

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No

COMMENTS:

REFERENCES: Include only individuals familiar with your work ability. (Do not include relatives)

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

EDUCATION (Indicate High School, College, Other)

Name	City/State	Graduated?	Degree

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statement made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to contact, obtain, and verify the accuracy of information contained in this employment application, including information involving credit worthiness, credit standing, employment history, educational background and criminal background from all previous employers, educational institutions, credit reporting agencies, public agencies and references. In accordance with the Fair Credit Reporting Act, I specifically consent to the acquisition of such information and acknowledge that I have the right to obtain the consumer report directly from the consumer reporting agency. I also hereby release from liability the company and its representatives for seeking, gathering and using such information to make employment decisions and all other person, schools, companies, organizations and/or law enforcement authorities for providing such information. Applicants who receive a conditional offer of employment at the company may be subject to a post offer drug test. Individuals who test positive for any illegal substance, who test positive for any controlled substance, which cannot be substantiated as a currently prescribed medication, or who refuse to undergo testing will be ineligible for employment. If I am employed, I acknowledge employment at the company is at-will; there is no specified length of employment and that this employment application does not constitute an agreement or contract for employment. This means that the employee and employer are free to terminate the employment relationship at any time, for any reason; with or without notice and with or without cause, so long as there is no violation of applicable federal or state law. 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 after my being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Signature

Date