



Financial Aid and Scholarship Services
Student Services Center, 525 Buena Vista SE
Albuquerque, NM 87106
(505) 224-3090 www.cnm.edu

Student Employment Application

Please type the following information, sign, and submit this application to the department in which you are applying for a Student Employment position.

First Name MI Last Name
CNM ID Number
Street Address/PO Box
City State Zip Code
Phone Message Phone
E-mail Address

Previously worked for CNM? Yes No If yes, give dates

Date available for work

Is there any reason known to you, why you might be unable to perform consistently and promptly the duties of the job for which you are applying?

Yes No

If yes, please explain

Education

High School

Post Secondary School(s)

Employment History (List current or most recent job first, then previous jobs.)

1) Company

Dates of employment

Supervisor Phone

Job title and duties

May we contact your supervisor/employer? Yes No

2) Company

Dates of employment

Supervisor Phone

Job title and duties

May we contact your supervisor/employer? Yes No

References

Please list three professional references that have knowledge of your professional experience and who are in a position to evaluate your ability to perform the job that you are applying for.

- 1) Name _____
Phone _____
- 2) Name _____
Phone _____
- 3) Name _____
Phone _____

Do you have a valid license? (May be required for some positions.) Yes No

Are you related to anyone who works at CNM? Yes No

If yes, what department do they work in? _____

I, the undersigned, hereby release and discharge CNM and my current and any former employer from all claims or actions for loss, liability, damage or expense which I now have or which may hereafter arise from the making of any inquires about me or the furnishings of any information about my employment, including opinions and impressions about my work and reasons for my termination.

Pre-employment Statement

Please read the following statement carefully before signing.

I certify that the information I have provided on this application is true, accurate and complete to the best of my knowledge.

I understand that any false statement, misrepresentation or willful omission of facts may prevent my being hired or, if hired, may cause termination from employment.

I understand that this application and records become the property of the Institute which reserves the right to accept or reject them and that this application becomes a public record under the Inspection of Public Records Act.

I authorize the Institute to conduct work history, personal reference motor vehicle records checks, or other criminal background inquires to determine my acceptability for employment, and I release from liability any person giving or receiving any such information.

If hired, I will furnish documents required on Form I-9 and Employment Eligibility Verification.

I agree to observe all rules, regulations and policies of the Institute.

I have read and understand the above.

Signature _____ Date _____