



Las Cruces Association of REALTORS®
150 E. Idaho Avenue, Las Cruces, NM 88005
(575)524-0658 Fax: (575) 524-1396
<http://www.lcar.biz>

Las Cruces Association of REALTORS® (LCAR) Application Packet:

The LCAR Search Committee appreciates your interest in the EXECUTIVE DIRECTOR (ED) position. The committee has reviewed your resume and would like to further qualify you for consideration for this position. To facilitate this process, please complete the following documents and return them by mail to: **LCAR Search Committee**, 150 E. Idaho Avenue, Las Cruces, NM 88005 or by fax to (575) 524-1396 ; or electronically to: lcar.pres@gmail.com

1. Applicant Information and Release Form
2. Authorization Form For Consumer Reports
3. Applicant Questionnaire
4. Request for Document Samples

Please return these documents no later than: Friday, April 2, 2010

Applicant Questionnaire

Please answer the following questions in 150 words or less per question.

1. **Describe why you are interested in pursuing this position?**
2. **What attracts you about our community to relocate to Las Cruces or, if currently living here, what about our community attracts you to stay?**
3. **Using a recent success you have had in leading an organization or project; please describe your contribution to that success (or the elements that made the outcome successful), what challenges had to be overcome, and how did you overcome them?**
4. **Describe one or two mistakes that you have made in your career and what you learned from them?**
5. **Describe your leadership style and philosophies? What are the most important attributes you look for in your staff?**

Request for Document Samples

In the capacity of EXECUTIVE DIRECTOR, written reports and communications are developed for a wide variety of stakeholders (i.e. board of directors, media, elected officials, financial partners, business leaders, etc.). Please attach recent copies of reports and or communications that you have developed for these types of stakeholders, removing or striking through any confidential elements of these documents. Examples may be: Press releases, annual reports, progress reports, board packets, etc.



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Applicant Information and Release Form

LCAR is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PERSONAL INFORMATION:

Name: (last, first, middle)	Address:	Social Security:	Date Completed:
Other names used in employment:			
Telephone Number:	Do you have any relative who are presently, (or have been employed) by this company? Yes or No		
Cell Phone Number:	If Yes, please list:		
Have you ever been convicted of a felony? Yes or No If Yes, please explain:			

EMPLOYMENT INFORMATION:

(Please list most recent employer first; employers listed below will be contacted for reference information unless you specifically request that we not contact them. Please provide an explanation of why an employer should not be contacted under separate cover.)

1. Company Name:	Job Title:	Dates Employed:
Telephone Number:		Wage/Salary:
Reason for Leaving:		
2. Company Name:	Job Title:	Dates Employed:
Telephone Number:		Wage/Salary:
Reason for Leaving:		
3. Company Name:	Job Title:	Dates of Employed:
Telephone Number:		Wage/Salary
Reason for Leaving:		
4. Company Name:	Job Title:	Dates Employed:
Telephone Number:		Wage/Salary
Reason for Leaving:		



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PLEASE LIST AT LEAST THREE (3) PROFESSIONAL REFERENCES: (additional reference may be provided under separate cover)

NAME and RELATIONSHIP	TITLE	COMPANY NAME and ADDRESS	TELEPHONE

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from LCAR's employ.

2. Any offer of employment I may receive from the organization is contingent upon my successful completion of LCAR's total pre-employment screening process, including the receipt of references that LCAR considers satisfactory. Further, I understand that federal law prohibits the employment of unauthorized aliens. All hired persons must submit satisfactory proof of employment authorization as required on the I-9 form within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

3. I authorize and request that all of my present and former employers and those individuals I have listed as professional references furnish information about my employment record, including a statement of the reason for the separation from employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.

4. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the organization. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the organization.

5. I hereby authorize this organization to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit, education and driving history, if appropriate. I understand that the organization will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the organization will furnish the name and address of such agency upon my written request.

6. I authorize and request, to the maximum extent permitted by law, that the issuer of any license, registration, or certification that I have listed in this employment application or otherwise, release to LCAR and its Board of Directors any information requested regarding such license, registration, or certification. I agree that the contents of this application may be disclosed to such issuer. I further agree to execute promptly any such license, registration, or certification required of this position. I agree to indemnify and hold harmless the issuer, LCAR, and its Board of Directors for any liability arising out of or related to the disclosure of such information.

7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the organization and understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the organization or myself. I further understand that no manager or representative of this organization other than the Chairman of the Board has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the individual designated above.

Signature: _____ Printed Name: _____ Date: _____



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AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for separation from past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of LCAR, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish LCAR with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Print your Name: _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Gender (M or F): _____

Other or Former Names: _____

Signature: _____ Date: _____