

CAPITAN MUNICIPAL SCHOOLS

PO Box 278
150 Forest Rd
Capitan, NM 88316
Telephone: (575) 354-8500
Fax: (575) 354-8505
www.capitantigers.org



Board of Education
Justin King, Pres
Ed Vinson, Vice Pres
Dennis Rich, Sec
Gary Tregembo, Member
Troy Stone, Member

NON-CERTIFIED EMPLOYMENT APPLICATION

Other Name(s) _____
Last First Middle Initial Other

(Please provide any other information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record.)

Present Mailing Address _____
PO Box or Street City State Zip

Physical Address _____

Telephone Numbers:
Present:() _____ Permanent:() _____ Work:() _____

Social Security Number: _____

My signature below authorizes the Capitan Municipal School District to conduct a background investigation and authorizes release of information in connection with my application or employment. This investigation may include such information as driving records, previous employers and educational institutions, personal reference, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Capitan Municipal School district and the reference source from any liability in connection with its release or use. Furthermore, I certify that I have made true, correct and complete answers and statements on the application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on the application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Capitan Municipal School District.

Date: _____ Signature of Applicant: _____

Effective July 1, 2005, completed application is maintained on file for 90 days only.

Mark the Appropriate Boxes:

☐ New Application ☐ Previous Application on File ☐ Former Employee

Indicate Position(s) for which you are interested:

☐ Maintenance ☐ Custodial ☐ Educational Assistant ☐ Food Service ☐ Food Service Clerk ☐ Secretary ☐ Bus Driver

☐ Substitute ☐ Elementary ☐ Middle School ☐ High School ☐ Cafeteria ☐ Cafeteria Clerk ☐ Custodial ☐ Nurse ☐ All

List job categories in order of preference: _____

Are you a U.S. Citizen: ☐ Yes ☐ No

If not, are you eligible to work in the U.S.? ☐ Yes ☐ No

The Capitan Municipal School District does not discriminate on the basis of race, color, national origin, sex, age or disability in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies:
Superintendent, Capitan Municipal Schools, P.O. Box 278, 150 Forest Rd., Capitan, New Mexico 88316-0278 (575) 354-8500

Date Received _____

EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)

*When returning this application, please attach a copy of your High School Diploma, GED, or College Transcripts.

Level of Education	School	State	Field of Study	Degree/Hrs	Graduation Year	Attendance Dates
High School						to
College/University						to
Trade School						to
Correspondence						to

WORK EXPERIENCE (List chronologically and attach sheet if necessary.)

Employer	City/County/State	Kind of Work	Dates of Employment	Phone Number
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	

MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

To avoid conflict of interest, list any local school board member or employee relative(s) in the Capitan Municipal School District and cite relationship. _____

General Information

Month, day, and year available for employment _____. Are you currently employed? Yes No
If yes, where? _____

Present position: _____

If presently employed, why do you wish a change? _____

Referral Source: Advertisement/Posting Employee Friend Recruitment Event Other _____

Have you ever been discharged or requested to resign a position? (If yes, explain on back.) Yes No

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back) Yes No

Are any criminal proceedings or charges pending against you? (If yes, explain on back) Yes No

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a Child? (If yes, explain on back) Yes No

References

It is the applicant's responsibility to have the following information provided to the Capitan Municipal School District in order to be considered for employment:

A. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.

B. Applicants with work experience should provide recommendations from former employers and/or superintendents from all contracted educational experiences within the past three years. If experience was not within the past three years provide references from last contract experience.

*Please list the street address, route box number etc. on the first line and city, state zip on the second line in the mailing address column. Incorrect or incomplete mailing addresses may result in a delay in processing an application.

1.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number

2.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number

3.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number