

CAPITAN MUNICIPAL SCHOOLS

P.O. Box 278
519 Smokey Bear Boulevard
Capitan, New Mexico 88316-0278
Telephone (575) 354-8500
www.capitantigers.org



Mark Driskell
Superintendent
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NON-LICENSED 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 Street City State Zip

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

Social Security Number: Email:

My signature below authorizes the Capitan Municipal School District to conduct a background investigation and authorizes release of information in connection with my application for 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 just cause for termination 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 legally authorized to work in the U.S.? Yes No

The Capitan Municipal School District does not discriminate on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, age, spousal affiliation, disability or serious medical condition, genetic information or pregnancy in any aspect of employment, educational programs or activities. The following person has been designated to handle inquiries and complaints of alleged discrimination: Superintendent, Capitan Municipal Schools, P.O. Box 278, 150 Forest Rd., Capitan, New Mexico 88316-0278 (575) 354-8500

OFFICIAL USE ONLY: Date Application 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
High School				
College/University				
Trade School				
Correspondence				

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

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

MILITARY EXPERIENCE

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

To avoid a conflict of interest, and for compliance with the New Mexico Nepotism law, list any local school board member or employee relative(s) in the Capitan Municipal School District and cite the 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

Any affirmative answer provided by you is NOT an automatic bar to employment. The District will consider the nature of any alleged conduct underlying the affirmative response and the position for which you are applying.

Are you presently being investigated or under a procedure by your present or former employer for allegations of misconduct, sexual abuse of a minor or adult, or sexual offense(s) against a minor or adult? Yes No

Are you presently being investigated or under a procedure by your present or former employer for allegations of mishandling of funds? Yes No

Are you presently being investigated or under a procedure by your present or former employer for allegations of criminal conduct? Yes No

Have you ever been reprimanded or disciplined in any way by a present or former employer for misconduct, sexual abuse a minor or adult, or sexual offense(s) against a minor or adult? Yes No

Have you ever been reprimanded or disciplined in any way by a present or former employer for mishandling of funds? Yes No

Have you ever been reprimanded or disciplined in any way by a present or former employer for any criminal conduct, regardless of whether a law enforcement pursued criminal charges? Yes No

Have you ever resigned or been asked to resign from a prior position for any reason other than performance? Yes No

Have you ever resigned or been asked to resign from a prior position under circumstances involving your employer's investigation of allegations of misconduct, sexual abuse a minor or adult, sexual offense(s) against a minor or adult, mishandling of funds, or any other criminal conduct? Yes No

Have you ever been discharged or terminated from a prior position for misconduct, sexual abuse a minor or adult, sexual offense(s) against a minor or adult, mishandling of funds, or any other criminal conduct? Yes No

Have you ever had a teaching certificate or teaching license revoked or suspended, or have you ever received a deferred suspension or deferred revocation for a teaching certificate or teaching license? Yes No

Have you ever had an administrative certificate or administrative license revoked or suspended, or have you ever received a deferred suspension or deferred revocation for an administrative certificate or administrative license? Yes No

Have you ever had any ancillary or support certificate or ancillary or support license revoked or suspended, or have you ever received a deferred suspension or deferred revocation for any ancillary or support certificate or ancillary or support license? Ancillary and support certificates and licenses includes but is not limited to licenses for school nurses; school psychologists; school counselors; school social workers; athletic coaches; educational assistants; substitute teachers; education diagnosis; and schools health assistants. Yes No

If you have answered yes to any of the above questions, please attach a document explaining the event in detail.

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