

CLOUDCROFT MUNICIPAL SCHOOL DISTRICT

P. O. Box 198

CLOUDCROFT, NEW MEXICO 88317

Telephone: (575)601-4416 Fax(866)235-1668

An Equal Opportunity Employer. We Do Not Discriminate on the Basis of Race, Religion, Sex, Age, or Disability. If you require accommodations to complete this form please let us know.

**APPLICATION FOR EMPLOYMENT**

AN APPLICATION WILL BE CONSIDERED ONLY IF IT IS COMPLETE WITH ALL OF THE FOLLOWING REQUESTED INFORMATION. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

1. Complete this application in full and provide all the information requested.
2. Have OFFICIAL transcripts from all universities or colleges that you have attended sent to the Superintendent's office from the institution or enclose them if unopened.
3. Enclose a copy of your professional license. If you are new to New Mexico complete and submit to the New Mexico Public Education Department an initial license application and include a copy with this application packet.
4. Return the application packet with the signed and notarized AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE FORM (final page of this application).
5. Have letters of recommendation and letters of reference sent to the Superintendent's office.
6. Attach a current personal/professional resume and include any other information that you feel will enhance your application.
7. The application, when properly completed and returned to the Superintendent's office, will be kept in the active file for ninety (90) days from the date of application and then placed in the inactive file for the remainder of a two year period from the date of application. If within the two year period a position opens for which you would like to apply, please contact the Superintendent's office to reactivate your application. After the two year period has expired a new application will be required.
8. Applications should be for currently available openings. Unsolicited applications or applications for "any opening" will not be accepted.
9. Yes \_\_\_ No \_\_\_ If hired you can supply proof of your age.
10. Yes \_\_\_ No \_\_\_ If hired you can supply the required documentation to verify your lawful right to work in the United States.

Date of application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Present address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact address if different than above:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

List below (in order of preference) the positions for which you wish to apply:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## LICENSE INFORMATION

(if more room needed please add extra page)

I currently hold a New Mexico license in the following areas: (License number \_\_\_\_\_)

1. License: \_\_\_\_\_ Level: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Highly Qualified Subjects: \_\_\_\_\_ Expiration: \_\_\_\_\_
2. License: \_\_\_\_\_ Level: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Highly Qualified Subjects: \_\_\_\_\_ Expiration: \_\_\_\_\_
3. License: \_\_\_\_\_ Level: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Highly Qualified Subjects: \_\_\_\_\_ Expiration: \_\_\_\_\_

I currently hold an out of state license: (License number \_\_\_\_\_)

1. State: \_\_\_\_\_ License: \_\_\_\_\_ Level: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Endorsements: \_\_\_\_\_ Highly Qualified Subjects: \_\_\_\_\_
2. State: \_\_\_\_\_ License: \_\_\_\_\_ Level: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Endorsements: \_\_\_\_\_ Highly Qualified Subjects: \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

Please list in order of attendance all educational institutions attended (most recent first). The information on all items below should be complete and accurate as it is used as a preliminary basis for determining eligibility and salary. Enter semester hours only (semester hours equal quarter hours X 2/3).

|                  |                    |                    |        |
|------------------|--------------------|--------------------|--------|
| Institution:     | City/State:        | Semester Hours:    | Major: |
| Name of contact: | From date to date: | Degree or Diploma: | Minor: |
| <hr/>            |                    |                    |        |
| Institution:     | City/State:        | Semester Hours:    | Major: |
| Name of contact: | From date to date: | Degree or Diploma: | Minor: |
| <hr/>            |                    |                    |        |
| Institution:     | City/State:        | Semester hours:    | Major: |
| Name of contact: | From date to date: | Degree or Diploma: | Minor: |
| <hr/>            |                    |                    |        |
| Institution:     | City/State:        | Semester hours:    | Major: |
| Name of contact: | From date to date: | Degree of Diploma: | Minor: |

If more room is needed to complete this section, please include on an extra sheet of paper.



## NON TEACHING EXPERIENCE

List all non teaching experience in chronological order, most recent first. If more room is needed include extra sheet.

From: To: Type of Work: Address: City: State: Zip Code: Hours/Week: Name and Phone Number  
Mo. Yr. Mo. Yr. of Employer/Supervisor:

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## PROFESSIONAL REFERENCES (include current employer)

Name: Address: Phone Number: Official Position:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## NON PROFESSIONAL (Personal) REFERENCES (do not include family members)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

# AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

I hereby certify that the information contained in this application is true, accurate and complete, to the best of my knowledge and belief. I understand and agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of my employment. Failure to provide all or part of the information requested may result in the refusal of Cloudcroft Municipal School District to further consider me for possible employment.

I hereby authorize the School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School District will send a copy of this Agreement and Authorization to each individual or entity from whom it is seeking a reference or background information.

I hereby authorize the party receiving a copy of this signed form (including a photocopy or electronic copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information.

I hereby release any person or entity providing information or records in accordance with this Agreement, Authorization, Waiver, and Release from any and all claims or liability for compliance.

I AM ALSO WAIVING ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING EMPLOYMENT RELATED INFORMATION, INCLUDING BUT NOT LIMITED TO INFORMATION CONCERNING MY BACKGROUND, WORK HISTORY, AND DISCIPLINARY HISTORY—TO THE SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY AND ALSO WAIVE ACCESS TO REVIEW CONFIDENTIAL INFORMATION CONTAINED.

I understand and agree that if I am considered as a finalist for, or I am actually recommended for employment, I will submit to a criminal background investigation, including mandatory finger printing, at my own expense to determine my acceptability for employment. (This is also required for substitute teachers.) Criminal convictions shall not automatically bar an applicant from obtaining employment with the School District, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, 28-2-1. et seq.) such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon the satisfactory completion of all background checks.

I understand that the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization is confidential, for the exclusive use of the Cloudcroft Municipal School District and its agents for employment decisions, and will not be transferred to any other entity without my written authorization unless required to be disclosed upon request by either New Mexico or federal law.

Signature of Applicant : \_\_\_\_\_ Date: \_\_\_\_\_

State of New Mexico )

County of: )

Subscribed and sworn to before me by \_\_\_\_\_ on the day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

My commission expires:

Notary Public: \_\_\_\_\_