

CAPITAN MUNICIPAL SCHOOLS

PO Box 278
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Capitan, NM 88316
Telephone: (575) 354-8500
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J. Vance Lee
Superintendent
(575) 354-8511
vance.lee@capitantigers.org

TRANSPORTATION/BUS DRIVER EMPLOYMENT APPLICATION

Last	First	Middle Initial	Other
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(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.)

Social Security Number: _____

Commercial Driver's License Number: _____ Expiration Date: _____

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

Are you a U.S. Citizen: Yes No

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

Do you possess a Commercial Drivers' License (CDL) with a School Bus Endorsement? 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 _____

Revised 10-10-2022

EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)

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

Has your CDL ever been suspended or revoked, or have you committed a moving violation in a commercial setting? (If yes, explain on back) Yes No

Are any criminal proceedings or charges pending against you including traffic violations? (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

*When returning this application, please attach a copy of your High School Diploma, GED, or College Transcripts, as well as a photocopy of your CDL with School Bus Endorsement, and copy of your driving record.

Please use this space to further answer any questions.
