

CAPITAN MUNICIPAL SCHOOLS

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



J. Vance Lee
Superintendent
vance.lee@capitantigers.org
Telephone: (575) 354-8511

LICENSED EMPLOYMENT APPLICATION

Dr. _____
Mr. _____
Mrs. _____
Miss _____ Last First Middle Initial Other
Ms. _____

(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.)

Mailing Address: _____
PO Box or Street City State Zip

Physical Address: _____
PO Box or Street City State Zip

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

Social Security Number: _____ Email: _____

Are you a U.S. Citizen: ☐ Yes ☐ No
If not, are you legally authorized to work in the U.S.? ☐ Yes ☐ No

IMPORTANT: It is the candidate's responsibility to ensure that a complete set of official transcripts is on file in the Personnel Department before final consideration for employment. *All candidates must qualify for New Mexico certification prior to employment.* For questions regarding certification, candidates should contact the **Educator Preparation & Licensure Unit, New Mexico State Department of Education Building, Santa Fe, NM 87503, telephone (505) 827-6587.**

Effective July 1, 2005, completed application is maintained on file for 90 days only. It is the Applicant's responsibility to update his/her file by contacting the Personnel Office (505) 354-8500 or submitting a new application.

OFFICIAL USE ONLY - Date Application Received:

POSITION APPLIED FOR

PLEASE MARK THE POSITION(S) IN 1-2-3 PRIORITY ORDER FOR WHICH YOU ARE APPLYING

Classroom Teacher ____K ____1 ____2 ____3 ____4 ____5 ____SP ED

Classroom Teacher6 ____7-8 ____SP ED ____9-10-11-12 ____SP ED

Identify any subject area listed below in which you have 24 or more semester hours of credit or show as endorsements for high school teaching on your certificate.

AREA:	AREA:	SP ED:
____ Agriculture	____ Library Media	____ LD
____ Art	____ Nurse	____ A-Level (Gifted)
____ Business Ed.	____ Physical Education	____ B-Level
____ Computer Science	____ Reading Specialist K-4	____ C-Level
____ ESL	____ Science	____ D-Level
____ Language Arts	____ Social Studies	____ DD-Level (Pre-School)
____ Spanish	____ Technology	____ Speech
____ Drama	____ Social Worker	____ Diagnostician
____ Foreign Language	____ Vo-Tech	____ Occupational Therapist
____ Spanish	____ Counselor	____ Physical Therapist
____ German	____ Administrator/Elementary	____ School Psychologist
____ French	____ Administrator/Secondary	
____ Home Economics		
____ Industrial Arts	Extracurricular:	
____ Mathematics	____ Coaching	
____ Music	____ Other	
____ Instrumental/Band	_____	
____ Instrumental/Orchestra	_____	
____ Vocal	_____	

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 of 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 of 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 of 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 denied, 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 denied, 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 questions above, attach a document explaining the event in detail.

PROFESSIONAL EXPERIENCE

STUDENT TEACHING EXPERIENCE

Name of School	Complete Address	Grades or Subjects Taught	Date	Cooperating Teacher

CONTRACTUAL TEACHING ONLY:

- * List most recent experience first.
- * **DO NOT** list substitute teaching experience.

NAME & TYPE OF SCHOOL (Elem/Jr.High/Sr.High/etc.)	COMPLETE ADDRESS (Street, City, State, Zip)	GRADES(s) SUBJECT(s) TAUGHT	# OF YEARS	DATES BEGINNING-ENDING	REASON FOR LEAVING

PERSONAL INFORMATION AND REFERENCES

- * List your previous employer(s) and individual(s) who are familiar with your work performance.
- * **Include current/most recent principal or superintendent.**
- * Incorrect or incomplete addresses may delay the processing of your application.

Name	Years Known	Official Position	Complete Address (Street, City, State, Zip)	Phone (Include area code)

WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach sheet if necessary)

Employer	City/County/State	Kind of Work	Dates of Employment

MILITARY EXPERIENCE

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

CERTIFICATION

Name_____

Have you applied for a New Mexico Teaching license? ☐ Yes ☐ No Date applied:_____Have you taken the NTE Core Battery Test? ☐ Yes ☐ No Date taken or scheduled:_____

Education Certificates/Endorsements	Expiration Date

EDUCATIONAL PREPARATION

("See resume" is **NOT** sufficient)

SCHOOLS ATTENDED

Name of School	Location City/State	# of Years Attended	Dates	Degree
High School				
Post-Secondary				
Graduate				
Graduate				

Highest degree earned in education _____ Semester hours earned after highest degree: _____

Undergraduate major: _____ Undergraduate minor: _____

Graduate degree(s) in: _____

ACTIVITIES AND HONORS

Describe your special abilities or talents (e.g., sports, drama, etc.) _____

List leadership positions which you have held in various organizations _____

List honors received _____

AGREEMENT AND AUTHORIZATION

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 cause for disqualification of this application, and just cause for termination or discharge of employment, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Capitan Municipal School District to further consider me for possible employment.

I hereby authorize the Capitan Municipal School District and its agents to investigate my work history and education history and to conduct personal reference inquiries. I understand that the Capitan Municipal 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 facsimile 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 and Authorization is released from any and all claims of liability for compliance.

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 Capitan 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.

I understand that any employment offer is contingent upon, and expressly subject to, the satisfactory completion of all background checks, I further understand and agree that if the results of any such background check are not satisfactory in the sole discretion of the District, that the District may provide me written notice of the reasons for the decision to withdrawal of its offer of employment if the decision is based in whole or in part on conviction of any crime, and that I shall be entitled to no further process or procedure related to employment with the District.

Date: _____ Signature: _____

***Background Investigation:** Each Finalist will be subject to a criminal background investigation, which shall include mandatory fingerprinting as a condition of further consideration for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the Capitan Municipal Schools, but pursuant to the Criminal Offender Employment Act and the School Personnel Act, may be the basis for refusing employment.

***Equal Opportunity Employer:** The Capitan Municipal School District is an **Equal Opportunity Employer**. All qualified applicants will receive consideration for employment without regard to 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 Americans with Disabilities Act of 1990 as amended, prohibits discrimination on the basis of disability, and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, and other aspects of employment. The law also requires that the District provide qualified applicants and employees with disabilities reasonable accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the District that an accommodation is needed.

The following person has been designated to handle requests for reasonable accommodation and complaints of alleged discrimination: Superintendent, Capitan Municipal Schools, P.O. Box 278, 519 Smokey Bear Blvd., Capitan, New Mexico 88316-0278 (575) 354-8500

Return completed application to: **Office of the Superintendent**
 Capitan Municipal Schools
 P.O. Box 278
 Capitan, N.M. 88316
 Phone: 575-354-8500

Please attach five (5) letters of recommendation
Each should include current phone number and contact address