

CLLOUDCROFT MUNICIPAL SCHOOL DISTRICT

P.O. BOX 198

Cloudfcroft, NM 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

APPLICATION FOR EMPLOYMENT

AN APPLICATION WILL BE CONSIDERED ONLY IF IT IS COMPLETE WITH THE FOLLOWING INFORMATION.

Thank you for your interest in the Cloudfcroft Municipal School District.

Preliminary screening will be made on basis of information contained in the CMSD application form, resume and other credentials is supplied.

INCOMPLETE APPLICATION WILL NOT BE CONSIDERED FOR VACANCIES WHICH MAY OCCUR.

1. Complete this application
2. Have all universities or colleges that you have attended send us OFFICIAL TRANSCRIPT OR CREDITS.
3. SIGN THE AUTHORIZATION FOR REFERENCE/INVESTIGATION COLLECTION.
4. Enclose a copy of your professional license. (If new to NM complete and submit to NM Public Education Department initial license application and include a copy with this application packet).
5. Return with your application packet the notarized and signed CRIMINAL HISTORY AFFIDAVIT AND AGREEMENT, AUTHORIZATION, WAIVER AND RELEASE FORM.
6. Have letters of reference and recommendation sent to the Superintendent's Office.
7. Attach a current personal resume.
8. This application, when properly completed, will be kept in the active file for one year from date of application.
9. Attach any other information you feel will enhance your application.
10. I here authorize the Cloudfcroft Municipal School District to obtain information related to employment. I understand the information is only for the use of the employer to whom it is mailed and not to be transferred to any other party.
11. I further hereby grant my permission to contact the references contained herein and any other references that the employer deems to be appropriate. I further grant permission to conduct a comprehensive investigation of my employment record, workers compensation record and personal background with previous employers, references, law enforcement agencies and child protective services units.

DATE OF APPLICATION:		SOCIAL SECURITY NUMBER:		
Last Name	First Name	Middle Name		
Present Street Address	City	State	Zip Code	Telephone #
Address to which you wish notices sent	City	State	Zip Code	Telephone #

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_ YES \_\_\_\_ NO ARE YOU ABLE TO LEGALLY WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO  
 IF YES, PLEASE INCLUDE COMPLETE INFORMATION AS EXPLAINED IN THE DISCLOSURE STATEMENT – "CRIMINAL HISTORY AFFIDAVIT" INCLUDED WITH THIS APPLICATION.

LIST BELOW IN ORDER OF PREFERENCE THE POSITIONS IN WHICH YOU WISH TO APPLY:

1. 2. 3.

NEW MEXICO LICENSES HELD	DATE OF EXPIRATION

NONTEACHING EXPERIENCE (In Chronological Order)  
 IMPORTANT: PLEASE LIST ALL NON-TEACHING EXPERIENCES (ACCOUNT FOR ALL PERIODS OF TIME INCLUDING LAYOFFS, ETC.)

INCLUSIVE DATES				TYPE OF WORK	LOCATION		HOURS PER WEEK	SALARY PER WEEK	NAME & ADDRESS OF EMPLOYER
FROM MO.	YR.	FROM MO.	YR.		CITY	STATE			

TEACHING EXPERIENCE (In Chronological order)  
 IMPORTANT: PLEASE LIST ALL TEACHING EXPERIENCE

INCLUSIVE DATES				FULL OR PART TIME	REGULAR OR SUBSTITUTE	LOCATION		TYPE OF SCHOOL PUBLIC OR PRIVATE	ANNUAL SALARY	SCHOOL DISTRICT NAME & ADDRESS PRINCIPAL/ SUPERVISOR
FROM MO.	YR.	FROM MO.	YR.			CITY	STATE			

ENTER TOTAL # OF YEARS IN REGULAR PUBLIC FULL-TIME IF MORE SPACE IS NEEDED, PLEASE ATTACH

TO RECEIVE CONSIDERATION FOR THE FOLLOWING SCHOOL YEAR, ONE SHOULD RENEW THEIR APPLICATION AFTER DECEMBER 31. READ AND SIGN:

I UNDERSTAND ANY FALSE STATEMENT OR MISREPRESENTATION OF FACT OF ANY PORATION OF MY COMPLETED APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL.

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE, ACCURATE AND FULL DISCLOSURE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WAIVE THE RIGHT TO HOLD LIABLE THOSE PERSONS WHOSE NAMES APPEAR ON THE APPLICATION FORM.

I HEREBY WAIVE ANY RIGHT OF ACTION, CAUSE OF ACTION OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING THIS INFORMATION, WHICH ARISE FROM SUPPLYING INFORMATION CONCERNING MY BACKGROUND TO THE CLOUDCROFT MUNICIPAL SCHOOL DISTRICT UNDER GUARANTEE OF CONFIDENTIALITY AND ALSO WAIVE ACCESS TO REVIEW CONFIDENTIAL INFORMATION OBTAINED.

I ALSO UNDERSTAND THAT I MUST HAVE A VALID NEW MEXICO LICENSE, SHOW PROOF OF DATE OF BIRTH, SUBMIT A HEALTH CERTIFICATE (AT MY OWN EXPENSE), AND FILE ALL TRANSCRIPTS WITH THE PERSONNEL OFFICE.

\_\_\_\_ I HAVE \_\_\_\_ I HAVE NOT BEEN RELEASED FROM A SIMILAR POSITION OR BEEN ASKED TO RESIGN FOR ANY REASON. (IN THE EVENT THAT THE APPLICANT HAS BEEN RELEASED OR ASKED TO RESIGN EXPLANATION SHOULD BE GIVEN ON PAGE 4 OR SEPARATE SHEET).

WRITTEN SIGNATURE OF APPLICANT:  
 \_\_\_\_\_