



301 Menaul Boulevard N.E. Albuquerque, New Mexico 87107
Phone 505.345.7727 fax 505.345.7269

Employment Application

Applicant Note:

This application is intended for use in evaluating your qualifications for employment. This is not an employee contract. False or misleading statements on this form or during the interview may result in termination in the application process or, if discovered after employment, termination of employment. All qualified applicants receive consideration without discrimination because of sex, race, color, age, creed, national origin, ancestry, or physical or mental handicap or disability or medical condition. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills or for the presence of drugs may be required prior to employment. Depending on the needs of the job, you may be required to be examined by a medical professional designated by the school.

PLEASE PRINT LEGIBLY

Name: _____ Date: _____

Social Security Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

For which position are you applying? _____

If applying for a teaching position, please indicate subject area and grade level of certification:

When can you start? _____ Full-time Part-time Substitute

Security:

Please list the states and counties of residence for the past seven years:

Yes No Have you used any names or Social Security numbers other than those listed above?

If so please list: _____

Yes No Are you currently engaged in the illegal use of drugs?

- Yes No Have you had any moving violations in the last three (3) years?
- Yes No Have you been convicted of a felony in the past seven (7) years? If so, please describe below:

Incident	City/State	Conviction

Education:

Please indicate highest-grade level of schooling completed: _____

Name	City/State	Date Graduated
High School		
College		
Other		

Employment History:

Your application will not be considered unless this section is completed. Correct telephone numbers are critical.

1. Most Recent Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?
Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?
Company Name:	Address:
Dates Employed From: To:	Job Title:
Supervisor Name:	Duties:
Final Salary:	Reason for Leaving:

2. Second Recent Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?
Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?
Company Name:	Address:
Dates Employed From: To:	Job Title:
Supervisor Name:	Duties:
Final Salary:	Reason for Leaving:

3. Third Recent Employer: Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?
Company Name:	Address:
Dates Employed From: To:	Job Title:
Supervisor Name:	Duties:
Final Salary:	Reason for Leaving:

Job Related Skills:

Please list additional licenses or certificates as well as any job-related skills: _____

References:

Please include only those individuals familiar with your work ability. Do not include relatives.

Name	Phone	Years Known/Relationship
1.		
2.		
3.		

Certification and Release:

I certify that I have read and understand the applicant note on page one of this form and that the statements made by me are complete and true. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents, including consumer-reporting bureaus, to verify any of this information, including but not limited to, criminal and motor vehicle records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for releasing this information. I understand that the illegal use of drugs is prohibited during employment and that my personal possessions on school property are subject to search with our without reasonable cause. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

 Signature of Applicant

 Date

