



CLOVIS MUNICIPAL SCHOOLS

P.O. Box 19000
1009 Main Street
Clovis, New Mexico 88102-9000

Phone: 575-769-4322 FAX: 575-769-4346
Website: <http://www.clovis-schools.org>

Certified Employment Application

CMS cannot guarantee to keep this application and certain other documents submitted with the application confidential. Complete application, sign, and return to CMS, Personnel Department. It will remain active for 1 year from date received.

Applicant's Full Name _____
(Last) (First) (MI)

Other name(s)/Maiden Name _____
(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.)

Current Mailing Address _____
(Street) (City) (State) (Zip)

Alternate Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Numbers:
Home: () _____ Cell: () _____ Work: () _____

Other: () _____ Social Security Number: _____

CERTIFICATION/LICENSURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment (NMTA)? _____

If not, indicate where you are in this process: _____

Year of Expiration of New Mexico Certificate/License: _____ (Also, please attach photocopy of license)

LIST ALL ENDORSEMENTS: _____

B. If you have been issued a certificate/license in another state(s), enclose a photocopy. Copy enclosed? No Yes

State _____ Expiration Date _____ Licenses/Endorsements _____

State _____ Expiration Date _____ Licenses/Endorsements _____

C. Have you taken a teacher qualifying test in another state? No Yes Do you have passing scores? No Yes

D. Are you fluent in languages other than English? No Yes If YES, which language(s)? _____

MARK THE BOXES TO INDICATE POSITIONS FOR WHICH YOU DESIRE AND ARE/CAN BE LICENSED TO FILL.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Elementary Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Library/Media |
| <input type="checkbox"/> Secondary Teacher | <input type="checkbox"/> Diagnostician | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ | | |

E. Circle academic areas below in which you have earned 24 or more semester hours:

Language Arts Mathematics Social Studies Science Music Art

F. Circle academic areas below in which you would qualify for an endorsement or license:

Special Ed.	Bilingual Ed.	Library Science	Business Ed.	F.A.C.S.
Technology	Physical Ed	Early Childhood	Reading	Spanish
Psychology	Vocational Ed	Industrial Tech.	French	Drama

OTHER (Please list): _____

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (list chronologically)

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR	DIPLOMA DEGREE	DATE CONFERRED	SCHOOL CONTACT NAME & PHONE #

HOW MANY SEMESTER HOURS HAVE YOU EARNED AFTER YOUR HIGHEST DEGREE WAS CONFERRED? ____

STUDENT TEACHING EXPERIENCE

DATES: FROM MM/YY	TO MM/YY	SUBJECT/ GRADE LEVEL	COOPERATING TEACHER	SCHOOL	SCHOOL ADDRESS CITY/STATE	PHONE NUMBER
UNIVERSITY SUPERVISOR	UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE				PHONE NUMBER

Indicate below the level/subject combinations in which you prefer to work and are qualified to work.

Elementary (Pre-school through Grade 6)

Circle top three choices; Pre-K K 1 2 3 4 5 6 No Preference

Middle School (Grades 7-8) / Freshman Campus (Grade 9)

List subject area(s) preference 1st_____ 2nd_____ 3rd_____

High School (Grades 10-12)

List subject area(s) preference 1st_____ 2nd_____ 3rd_____

Spec. Ed. (Circle top 2 choices): Lower Elem. Upper Elem. Middle School High School No Preference

Administration (Circle Level Preference): Elem. Middle School High School Central Office No Preference

Other: _____

Mark the appropriate information below to indicate your willingness to supervise co-curricular activities.

Coaching: Circle B (boy) and/or G (girl) to indicate Sport Preferences. Circle Activity to indicate Sponsor Interest.

- | | | | | |
|-------------------|--------------|--------------|--------------|-----------------|
| Baseball B | Golf B G | Tennis B G | Cheerleaders | Newspaper |
| Basketball B G | Soccer B G | Track B G | Debate | Speech |
| Cross Country B G | Softball G | Volleyball G | Dramatics | Student Council |
| Football B | Swimming B G | Drill Team | Yearbook | |

WORK EXPERIENCE

Please account for all years following the completion of high school or grade last attended, beginning with the MOST CURRENT. Be sure to list any breaks in employment and state the reason. If any years are unaccounted for, your application may not be considered. If necessary, please attach a separate sheet. If you have more than one reference for an employer, please list names under supervisor column. **(You may attach a vita/resume with this information, but be sure to include ALL the information that is requested on this form.)** *NOTE: FT = Fulltime PT = Parttime

DATES:		FT* PT*	EMPLOYER NAME AND COMPLETE MAILING ADDRESS	POSITION/ TITLE GRADE LEVEL SUBJECT	TITLE/FULL NAME OF SUPERVISOR	PHONE NUMBER OF SUPERVISOR	NAME IN RECORDS AT THIS SITE	REASON FOR LEAVING
FROM MM/YY	TO MM/YY							

REFERENCES:

List three most recent references. Include supervisors, principals, superintendents, or others whom you have worked and who have first hand knowledge of your character, personality, and demonstrated competence for the position(s) for which you are applying.

PROVIDE ALL INFORMATION NECESSARY FOR US TO CONTACT THESE REFERENCES.

NAME OF REFERENCE	POSITION/RELATIONSHIP	COMPLETE MAILING ADDRESS	CONTACT PHONE #

CONFLICT OF INTEREST: Please list any relative(s) you have who serve on the Clovis Board of Education or who are employed by the Clovis Municipal Schools: _____

ELIGIBILITY: Are you a U.S. Citizen, or are you eligible to work in the U.S.? (Circle one) YES NO



CLOVIS MUNICIPAL SCHOOLS

P.O. Box 19000
1009 Main Street
Clovis, New Mexico 88102-9000

Phone: 575-769-4322 FAX: 575-769-4346
Website: <http://www.clovis-schools.org>

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE (To be completed by Applicant)

A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE MAY BE SENT TO ALL REFERENCES.

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 the Clovis Municipal School District to further consider me for possible employment.

I hereby authorize the Clovis Municipal School District and its agents to investigate my work history and education history and to conduct personal inquires. I understand that the Clovis 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, 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 CLOVIS MUNICIPAL SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

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 fingerprinting, at my expense, to determine my acceptability for employment. 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, et seq.), such convictions may be the basis for refusing employment. I understand that, my 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 Clovis 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

It is the policy of the Clovis Municipal Schools to provide equal opportunity in employment or the provision of services to all employees and applicants for employment. No person shall be discriminated against in employment because of such individual's race, religion, color, age, sex, marital status, veteran status, national origin, or disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with necessary accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the Executive Director of Personnel that an accommodation is needed.