

COBRE CONSOLIDATED SCHOOLS
 PO BOX 1000
 BAYARD, NM 88023
 PH. # 575-537-4010 FAX # 575-537-5455

Application for Employment

For assistance with any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. If you need more space to complete any question, use an additional sheet of paper. (Complete all pages of this employment application in legible print or ink. Incomplete or illegible applications will not be processed. Resumes will not replace completed sections of the applications.)

Today's Date: _____

Please Print

GENERAL INFORMATION

Name: _____ Social Security Number: _____
 Last First Middle

Mailing Address: _____
 Street City State Zip Code

Home Telephone Number: (_____) _____ Cell Phone Number: (_____) _____

Are you currently employed by Cobre Consolidated Schools: _____ If so, in what capacity: _____

EMPLOYMENT DESIRED

Full Time Positions

- ___ Administration
- ___ Teacher
- ___ Counselor
- ___ Maintenance
- ___ Cafeteria
- ___ Secretary
- ___ Aide
- ___ Clerk
- ___ Custodian
- ___ Other _____

Substitute Positions

- ___ Teacher
- ___ Aide
- ___ Secretary
- ___ Custodian/Maintenance
- ___ Cafeteria

EDUCATION

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (check)	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate/ Course of Study (list type)				

Number of semester units after date of Bachelor's Degree _____

Number of semester units after date of Master's Degree _____

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

EMPLOYMENT HISTORY
 (Please start with your present or most recent position)

Name of Employer:	Address:
Telephone Number:	Position:
Dates employed: From: To:	Name and Title of Supervisor:
Reason for leaving:	
Brief description of your work and responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Address:
Telephone Number:	Position:
Dates employed: From: To:	Name and Title of Supervisor:
Reason for leaving:	
Brief description of your work and responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Address:
Telephone Number:	Position:
Dates employed: From: To:	Name and Title of Supervisor:
Reason for leaving:	
Brief description of your work and responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Address:
Telephone Number:	Position:
Dates employed: From: To:	Name and Title of Supervisor:
Reason for leaving:	
Brief description of your work and responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of three business references that are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name and Title	Phone Number	Years known	In what capacity?

SPECIAL SKILLS/ADDITIONAL TRAINING

Teachers/Ancillary/Administrators

Have you passed the NMTA Exam: Yes No Have you applied for state licensure? Yes No

Type of Current License(s) held: _____ Endorsement(s): _____

School name/location of student teaching/internship: _____ Site Administrator _____

Licensed and Management Application files must consist of:

1. A fully completed and legible application
2. A letter of application setting forth the individual's qualifications
3. Personal, up-to-date resume
4. Three professional references
5. A copy of required licenses
6. Copy of transcripts (Official transcripts will be required upon employment)

Secretaries/Aides/Clerks

Typing speed: _____ w.p.m. Operates computer: Yes No Other Skills: _____

Food Service

_____ Cook _____ Server _____ Baker

Maintenance/Custodial

List skills (including but not limited to: carpet cleaning, lawn equipment usage, carpentry, floor finishing, landscaping, air conditioning, welder, warehouse, restroom maintenance, soil testing, plumbing, general cleanup, horticulture, tool repair, machinist, commercial vehicle repair, electrician, auto mechanic, locksmith, pest control and painter):

Non-Certified/Non-Management Application files must consist of:

1. A fully completed and legible application
2. A copy of required licenses and/or certificates

The application is not complete without your signature and date on the last page of the application. An incomplete application will not be considered.

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AGREEMENT, AUTHORIZATION, WAIVER AND RELEASE

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 Cobre Consolidated Schools to further consider me for possible employment.

I hereby authorize the School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School District will send a copy of this Agreement and Authorization to each individual and entity from which 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 SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist for or if 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, 28-2-1, et seq.) such convictions may be the basis for refusing employment. 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 withdrawal of its offer and that I shall be entitled to no further process or procedure.**

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 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.

This application will not be valid for any position other than the one you are applying for. To be eligible for openings in the future, you are responsible for providing an updated application. Applications will be destroyed after position applied for has been filled.

Applicant Signature: _____

Date: _____

Printed Name of Applicant: _____