# TUCUMCARI PUBLIC SCHOOLS

2400 South Eighth Street
Tucumcari, New Mexico 88401
505.461.3910

GENERAL INSTRUCTIONS - PLEASE READ CAREFULLY: Each application must have all supporting documents (e.g., transcripts, etc) attached or it will be considered incomplete. Failure to complete any necessary part of this form will delay processing. Please type or use black ink. Photocopies are acceptable ONLY if sufficiently clear and if all parts are presented. When completing POSITION APPLIED FOR section, enter only one position title. Separate application is required for each position. Always notify the school of any change in name, address, phone number, or availability. You may call 505.461.3910. Application will remain active for one (1) year. If you wish for your application to remain active, you must complete a new application for the position desired. Always use the same name. If you have more work experience than space provided. Please attach resume. Disclosure of SS Number is voluntary and is solicited to provide positive identification.

## APPLICATION FOR CERTIFIED POSITION

PLEASE TYPE OR PRINT LEGIBLY (USE BLACK INK)

| NAME - Last First Middle | Social Security # |
|---|---|
| | |
| MAILING ADDRESS City, State, Zip Code | e-mail address |
| | |

| AREA CODE/HOME PHONE | BUSINESS OR MESSAGE PHONE |
|---|---|
| | |

Have you ever used a different name for school or employment? If so, what name(s)?

| | | |
|---|---|---|
| | | |

POSITION APPLIED FOR: (Give exact title)

Have you ever been convicted of a felony? (circle) YES NO

| Highest degree held: | Date of Birth |
|---|---|
| | |

EDUCATION, LICENSES, CERTIFICATES: (Circle and fill in appropriate areas.)

High School Graduate/GED Certificate? YES NO

Vocational/Technical School - Major Field: Hrs. Completed:

Business College - Major Field: Hrs. Completed:

College or University:

| UNDERGRADUATE | GRADUATE |
|---|---|
| School(s): | School(s): |
| Major(s): | Major(s): |
| Date Degree Conferred: | Date Degree Conferred: |
| Hours Completed: | Hours Completed: |
| Semester: Quarter: | Semester: Quarter: |

1. License/Certificate issued by:

| Field/Trade/Specialization | License/Certificate # | Issue Date | Exp. Date |
|---|---|---|---|
| | | | |

2. License/Certificate issued by:

| Field/Trade/Specialization | License/Certificate # | Issue Date | Exp. Date |
|---|---|---|---|
| | | | |

# General Employment Data

EMPLOYMENT RECORD – A resume will not be accepted in lieu of the employment record.

Beginning with current or most recent job or volunteer experience and work back. If more than one position has been held with the same organization list each separately. Describe each different assignment in military service. Under "DUTIES," describe your job in sufficient detail so that we can fairly determine not only your tasks, but the level of responsibilities.

Volunteer experience will be evaluated in the same manner as paid employment only if proper documentation accompanies this application. Proper documentation consists of a letter from each employer giving a brief description of duties performed as well as amount of time.

| 1. EMPLOYER NAME | KIND OF BUSINESS | Fr. (Mo/Yr) | To (Mo/Yr) |
|---|---|---|---|
| | | | |
| Employer's Address (No. & Street/P.O. Box) City, State, Zip Code | | Supervisor's Name | |
| | | | |
| If you supervised employees, please indicate number & give dates | Place of employment if different from employer's address: | | |
| Fr. (Mo/Yr) To (Mo/Yr) | City: | State: | |
| DUTIES: | | | |
| | | | |

| 2. EMPLOYER NAME | KIND OF BUSINESS | Fr. (Mo/Yr) | To (Mo/Yr) |
|---|---|---|---|
| | | | |
| Employer's Address (No. & Street/P.O. Box) City, State, Zip Code | | Supervisor's Name | |
| | | | |
| If you supervised employees, please indicate number & give dates | Place of employment if different from employer's address: | | |
| Fr. (Mo/Yr) To (Mo/Yr) | City: | State: | |
| DUTIES: | | | |
| | | | |

## SIGNATURE – PLEASE READ BEFORE SIGNING

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information regarding character, reputation, personal characteristics and mode of living. If such an inquiry is made, you may obtain additional information as to the nature and scope of the report upon written request.

As per New Mexico Three Tiered Licensure System, a Summative Evaluation Document will be requested from a former New Mexico School District.

I certify that the foregoing information is true and correct to the best of my knowledge, and I understand that any misrepresentation, or willful omission, of facts shall be cause for rejection of this application or termination of employment. I hereby authorize Tucumcari Public Schools to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

I further agree to observe all rules, regulations and policies of: TUCUMCARI PUBLIC SCHOOLS.

DATE _____ SIGNATURE _____