



**POSITION APPLIED FOR**

PLEASE MARK THE POSITION(S) IN 1-2-3 PRIORITY ORDER FOR WHICH YOU ARE APPLYING

Classroom Teacher \_\_\_\_K \_\_\_\_1 \_\_\_\_2 \_\_\_\_3 \_\_\_\_4 \_\_\_\_5 \_\_\_\_SP ED

Classroom Teacher6 \_\_\_\_7-8 \_\_\_\_SP ED \_\_\_\_9-10-11-12 \_\_\_\_SP ED

Identify any subject area listed below in which you have 24 or more semester hours of credit or show as endorsements for high school teaching on your certificate.

AREA:	AREA:	SP ED:
____ Agriculture	____ Library Media	____ LD
____ Art	____ Nurse	____ A-Level (Gifted)
____ Business Ed.	____ Physical Education	____ B-Level
____ Computer Science	____ Reading Specialist K-4	____ C-Level
____ ESL	____ Science	____ D-Level
____ Language Arts	____ Social Studies	____ DD-Level (Pre-School)
____ Spanish	____ Technology	____ Speech
____ Drama	____ Social Worker	____ Diagnostician
____ Foreign Language	____ Vo-Tech	____ Occupational Therapist
____ Spanish	____ Counselor	____ Physical Therapist
____ German	____ Administrator/Elementary	____ School Psychologist
____ French	____ Administrator/Secondary	
____ Home Economics		
____ Industrial Arts	Extracurricular:	
____ Mathematics	____ Coaching	
____ Music	____ Other	
____ Instrumental/Band	_____	
____ Instrumental/Orchestra	_____	
____ Vocal	_____	

**GENERAL INFORMATION**

Month, day, and year available for employment \_\_\_\_\_. Are you currently employed?  Yes  No  
If yes, where? \_\_\_\_\_

Present position: \_\_\_\_\_

If presently employed, why do you wish a change? \_\_\_\_\_

Referral Source:  Advertisement/Posting  Employee  Friend  Recruitment Event  Other

Any affirmative answer provided by you is NOT an automatic bar to employment. The District will consider the nature of any alleged conduct underlying the affirmative response and the position for which you are applying.

Are you presently being investigated or under a procedure by your present or former employer for allegations of misconduct, sexual abuse of a minor or adult, or sexual offense(s) against a minor or adult?  Yes  No

Are you presently being investigated or under a procedure by your present or former employer for allegations of mishandling of funds?  Yes  No

Are you presently being investigated or under a procedure by your present or former employer for allegations of criminal conduct?  Yes  No

Have you ever been reprimanded or disciplined in any way by a present or former employer for misconduct, sexual abuse of a minor or adult, or sexual offense(s) against a minor or adult?  Yes  No

Have you ever been reprimanded or disciplined in any way by a present or former employer for mishandling of funds?  Yes  No

Have you ever been reprimanded or disciplined in any way by a present or former employer for any criminal conduct, regardless of whether a law enforcement pursued criminal charges?  Yes  No

Have you ever resigned or been asked to resign from a prior position for any reason other than performance?  Yes  No

Have you ever resigned or been asked to resign from a prior position under circumstances involving your employer's investigation of allegations of misconduct, sexual abuse of a minor or adult, sexual offense(s) against a minor or adult, mishandling of funds, or any other criminal conduct?  Yes  No

Have you ever been discharged or terminated from a prior position for misconduct, sexual abuse of a minor or adult, sexual offense(s) against a minor or adult, mishandling of funds, or any other criminal conduct?  Yes  No

Have you ever had a teaching certificate or teaching license denied, revoked or suspended, or have you ever received a deferred suspension or deferred revocation for a teaching certificate or teaching license?  Yes  No

Have you ever had an administrative certificate or administrative license denied, revoked or suspended, or have you ever received a deferred suspension or deferred revocation for an administrative certificate or administrative license?  Yes  No

Have you ever had any ancillary or support certificate or ancillary or support license revoked or suspended, or have you ever received a deferred suspension or deferred revocation for any ancillary or support certificate or ancillary or support license? Ancillary and support certificates and licenses includes but is not limited to licenses for school nurses; school psychologists; school counselors; school social workers; athletic coaches; educational assistants; substitute teachers; education diagnosis; and schools health assistants.  Yes  No

**If you have answered yes to any of the questions above, attach a document explaining the event in detail.**

### **PROFESSIONAL EXPERIENCE**

#### **STUDENT TEACHING EXPERIENCE**

<b>Name of School</b>	<b>Complete Address</b>	<b>Grades or Subjects Taught</b>	<b>Date</b>	<b>Cooperating Teacher</b>



**WORK EXPERIENCE OTHER THAN TEACHING** (List chronologically and attach sheet if necessary)

Employer	City/County/State	Kind of Work	Dates of Employment

**MILITARY EXPERIENCE**

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

**CERTIFICATION**

Name \_\_\_\_\_

Have you applied for a New Mexico Teaching license?  Yes  No Date applied: \_\_\_\_\_

Have you taken the NTE Core Battery Test?  Yes  No Date taken or scheduled: \_\_\_\_\_

Education Certificates/Endorsements	Expiration Date

**EDUCATIONAL PREPARATION**

("See resume" is **NOT** sufficient)

**SCHOOLS ATTENDED**

<b>Name of School</b>	<b>Location City/State</b>	<b># of Years Attended</b>	<b>Dates</b>	<b>Degree</b>
High School				
Post-Secondary				
Graduate				
Graduate				

Highest degree earned in education \_\_\_\_\_ Semester hours earned after highest degree: \_\_\_\_\_

Undergraduate major: \_\_\_\_\_ Undergraduate minor: \_\_\_\_\_

Graduate degree(s) in: \_\_\_\_\_

**ACTIVITIES AND HONORS**

Describe your special abilities or talents (e.g., sports, drama, etc.) \_\_\_\_\_

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List leadership positions which you have held in various organizations \_\_\_\_\_

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List honors received \_\_\_\_\_

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## AGREEMENT AND AUTHORIZATION

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 cause for disqualification of this application, and just cause for termination or discharge of employment, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Capitan Municipal School District to further consider me for possible employment.

I hereby authorize the Capitan Municipal School District and its agents to investigate my work history and education history and to conduct personal reference inquiries. I understand that the Capitan 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 and Authorization is released from any and all claims of liability for compliance.

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 Capitan 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.

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 reasons for the decision to withdrawal of its offer of employment if the decision is based in whole or in part on conviction of any crime, and that I shall be entitled to no further process or procedure related to employment with the District.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*Background Investigation:** Each Finalist will be subject to a criminal background investigation, which shall include mandatory fingerprinting as a condition of further consideration for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the Capitan Municipal Schools, but pursuant to the Criminal Offender Employment Act and the School Personnel Act, may be the basis for refusing employment.

**\*Equal Opportunity Employer:** The Capitan Municipal School District is an **Equal Opportunity Employer**. All qualified applicants will receive consideration for employment without regard to race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, age, spousal affiliation, disability or serious medical condition, genetic information or pregnancy in any aspect of employment, educational programs or activities.

The Americans with Disabilities Act of 1990 as amended, prohibits discrimination on the basis of disability, and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, and other aspects of employment. The law also requires that the District provide qualified applicants and employees with disabilities reasonable accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the District that an accommodation is needed.

The following person has been designated to handle requests for reasonable accommodation and complaints of alleged discrimination: Superintendent, Capitan Municipal Schools, P.O. Box 278, 519 Smokey Bear Blvd., Capitan, New Mexico 88316-0278 (575) 354-8500

**Return completed application to:      Office of the Superintendent  
Capitan Municipal Schools  
P.O. Box 278  
Capitan, N.M. 88316  
Phone: 575-354-8500**

**Please attach five (5) letters of recommendation  
Each should include current phone number and contact address**

J. Vance Lee  
Superintendent



www.capitantigers.org

**CAPITAN MUNICIPAL SCHOOLS**  
519 Smokey Bear Blvd • Capitan, New Mexico 88316  
Phone (575) 354-8512 • Fax (575) 354-8505

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

**I understand that in order for my application to be considered, the following Affirmations must be initialed by me as the applicant.**

By my initials and signature below I, the applicant, certify that the information provided in or attached to this application is complete, accurate, true to the best of my knowledge, and current as of the date below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment.

\_\_\_\_\_ I hereby authorize Capitan Municipal Schools to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. Such background check(s) may include but not be limited to my criminal record, driving record, employment history, and credit report. I understand the Capitan Municipal Schools may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of Capitan Municipal Schools 's choice.

\_\_\_\_\_ I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have.

\_\_\_\_\_ I authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Capitan Municipal Schools or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_ I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons or entities from any liability for any damage whatsoever for issuing this information.

\_\_\_\_\_ I understand that the use of illegal drugs is prohibited. In accordance with Capitan Municipal Schools policy, I am willing to submit to drug testing to detect the use of illegal drugs after any job offer has been made, and prior to starting employment.

\_\_\_\_\_ I understand that an offer and acceptance of employment is not a contract for employment. No representative has authority to make any agreement contrary to the above except the Superintendent of Capitan Municipal Schools. Any employment agreements will only be valid and binding when the agreement is expressly set forth in a written document signed by an authorized representative of Capitan Municipal Schools.

**By checking this box, you are certifying that you have read and agreed to all of the terms of the above statements.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ORIGINAL SIGNATURE AND DATE REQUIRED PRIOR TO OFFICIAL OFFER OF EMPLOYMENT**

Revised July 2025