

CAPITAN MUNICIPAL SCHOOLS

P.O. Box 278
519 Smokey Bear Blvd
Capitan, New Mexico 88316-0278
Telephone (575) 354-8500
www.capitantigers.org



J. Vance Lee
Superintendent
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Telephone: (575) 354-8511

NON-LICENSED EMPLOYMENT APPLICATION

Form with fields: Last, First, Middle Initial, Other, Other Name(s)

(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.)

Present Mailing Address form with fields: PO Box or Street, City, State, Zip

Physical Address form with fields: Street, City, State, Zip

Telephone Numbers: Present: ( ) Permanent: ( ) Work: ( )

Social Security Number: Email:

My signature below authorizes the Capitan Municipal School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as driving records, previous employers and educational institutions, personal reference, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Capitan Municipal School district and the reference source from any liability in connection with its release or use. Furthermore, I certify that I have made true, correct and complete answers and statements on the application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on the application, or any supplement to it will be just cause for termination should I become employed with the Capitan Municipal School District.

Date: Signature of Applicant:

Effective July 1, 2005, completed application is maintained on file for 90 days only.

Mark the Appropriate Boxes:

- New Application, Previous Application on File, Former Employee

Indicate Position(s) for which you are interested:

- Maintenance, Custodial, Educational Assistant, Food Service, Food Service Clerk, Secretary, Bus Driver, Substitute, Elementary, Middle School, High School, Cafeteria, Cafeteria Clerk, Custodial, Nurse, All

List job categories in order of preference:

Are you a U.S. Citizen: Yes No
If not, are you legally authorized to work in the U.S.? Yes No

The Capitan Municipal School District does not discriminate on the basis of 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 following person has been designated to handle inquiries 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

**OFFICIAL USE ONLY:** Date Application Received

**EDUCATIONAL AND PROFESSIONAL TRAINING** (List chronologically)

\*When returning this application, please attach a copy of your High School Diploma, GED, or College Transcripts.

Level of Education	School	State	Field of Study	Degree/Hrs
High School				
College/University				
Trade School				
Correspondence				

**WORK EXPERIENCE** (List chronologically and attach additional sheet if necessary.)

Employer	City/County/State	Kind of Work	Dates of Employment	Phone Number
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	
			to	

**MILITARY EXPERIENCE**

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

To avoid a conflict of interest, and for compliance with the New Mexico Nepotism law, list any local school board member or employee relative(s) in the Capitan Municipal School District and cite the relationship. \_\_\_\_\_

## 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 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 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 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 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 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 above questions, please attach a document explaining the event in detail.

**References**

It is the applicant’s responsibility to have the following information provided to the Capitan Municipal School District in order to be considered for employment:

A. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.

B. Applicants with work experience should provide recommendations from former employers and/or superintendents from all contracted educational experiences within the past three years. If experience was not within the past three years provide references from last contract experience.

\*Please list the street address, route box number etc. on the first line and city, state zip on the second line in the mailing address column. Incorrect or incomplete mailing addresses may result in a delay in processing an application.

1.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number

2.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number

3.

Name of Reference	Position/Relationship	Mailing Address (Street or Box/City/State/Zip)	Phone Number

J. Vance Lee  
Superintendent



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**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