



APPLICATION FOR EMPLOYMENT

New Mexico School for the Blind and Visually Impaired

1900 North White Sands Boulevard

Alamogordo, New Mexico 88310

An Equal Employment Opportunity/Affirmative Action Employer M/F/H

Name: _____

LICENSED (CERTIFIED) POSITION

Date: _____ Social Security No: _____

(Last Name) _____ (First Name) _____ (Middle Name) _____

Present Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

Applying For:

- Full Time
- Consider Teacher Assistant
- Temporary or Sub Work

Present Employment: _____

On what date would you be available for work? _____

Level Desired (in order of preference): (Enter Number in Box—Use "1" for 1st choice, "2" for 2nd choice, etc.)

Elementary (K-5) _____
(List Grades in Order of Preference)

Middle School (6-8) _____
(List Subject(s) in Order of Preference)

High School (9-12) _____
(List Subject(s) Certified or Certificate to Teach in New Mexico)

Special Education _____ Elem. Mid School High School
(List Area(s) of Specialization) (List Level(s) in Order or Preference)

Alternative Programs _____ Elem. Mid School High School
(List Area(s) of Specialization) (List Level(s) in Order or Preference)

Other _____
(Such as Counselor, Media Specialist, Nurse, Speech Therapist, etc. If you are applying for other than a classroom teacher position, please check OTHER, list position, and complete all general information. An appropriate supplemental application form will be forwarded if necessary.)

Bilingual List language(s) (other than English) that you speak, read and write fluently.
(1) _____ (2) _____ (3) _____

Licensure (Certification)

Have you take the NTE? Yes No If yes, date? _____ Place _____

Do you hold a current New Mexico License? Yes No Type _____

Endorsements _____ Expiration Date NM License _____

If the answer is NO, are you eligible for licensure in New Mexico? Yes No

Do you hold certification in another state? Yes No

If YES, which state(s)? _____

Position Applied For: _____

Date: _____

Education

List Universities/Colleges (most recent first) City, State, Zip	Graduated: Yes or No	Semester Hours/Credits	Degree Earned

Major Field of Study

(Degrees) Bachelor's _____ Master's _____ Post Master's _____

Do you have other responsibilities that would interfere with your attending meetings and participations in school activities or serving on the education and professional committees outside of school hours? _____

Explain: _____

Are there any problems or reasons which will prevent your accepting any school assignment for which you are qualified? _____ Explain: _____

Or what professional organizations are you a member? _____

Honors, special awards, publications, etc. _____

School Activities

Double check (✓✓) the activities you can teach or direct in a school unit.

Single check (✓) the activities you can teach or direct in your own classroom.

- | | | |
|-----------------------------------|-----------------------------|--------------------------|
| _____ Art | _____ Playground Activities | _____ Library |
| _____ Crafts | _____ Rhythmic Activities | _____ School Publication |
| _____ Vocal Music | _____ Speech Correction | _____ Yearbook |
| _____ Instrumental Music | _____ Dramatics | _____ School Publicity |
| _____ Play Piano for Music Groups | _____ Orientation/Mobility | _____ Braille |

_____ Intramural Sports (list) _____

_____ Other Activities (list) _____

Comment on your interest, qualifications and experience other than formal training that you have which would pertain to the job for which you are applying: _____

Employment Experience

Start with your present or last job. List all schools where you have taught and or other professional work experience.

Employer	Phone	Dates Employed		Subjects Taught or Positions Held
		From	To	
Address				
Job Title	Salary			
	From	To		
Supervisor				
Reason for Leaving		# of Contract Days:		

Employer	Phone	Dates Employed		Subjects Taught or Positions Held
		From	To	
Address				
Job Title	Salary			
	From	To		
Supervisor				
Reason for Leaving		# of Contract Days:		

Employer	Phone	Dates Employed		Subjects Taught or Positions Held
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Supervisor				
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Employer	Phone	Dates Employed		Subjects Taught or Positions Held
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Address				
Job Title	Salary			
	From	To		
Supervisor				
Reason for Leaving		# of Contract Days:		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and/or Licenses (Summarize special skills and/or licenses you have acquired.)

References

Please read carefully before listing below.

If you have a current, up-to-date placement file with your university, list the placement office and address.

University Placement Office / Street Address / City/State / Zip Code

Applicants not registered with a placement office should include as references one of the following sources:

1. If you have taught, list principals, supervisors and superintendents. (Include last ten (10) years.)
2. If you have not taught or have taught less than three (3) years, list cooperating teacher(s), supervising professor(s), and two (2) professors in your major field as well as principals, etc. when applicable.

Name	Street Address - City, State, Zip, Phone	Official Position

Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____
 (All employees are required to be fingerprinted by State and Federal regulations.)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract or intended to be a contract of employment.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the New Mexico School for the Blind and Visually Impaired.

 Signature of Applicant Date

FOR PERSONNEL USE ONLY

Interviewed: Yes No Position(s) Applied for is Open: Yes No

Remarks: _____

Interviewer/Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept. _____

By _____
Name and Title Date