

Application for Employment

NEW MEXICO SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED

1900 North White Sands Boulevard, Alamogordo, New Mexico 88310

Phone 1-800-437-3505 or 575-437-3505

Visit us online: www.nmsbvi.k12.nm.us

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PLEASE PRINT CLEARLY

Date: _____

Applicant Name: _____

Position applied for or type of work desired: _____

Please submit a separate application for each position for which you are applying

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Social Security Number: _____

Type of employment desired: Full-time Part-time Substitute

Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Do you have any objection to working shifts if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Do you have relatives working for NMSBVI? Yes No

If yes, list their names, relation to you, and where they work: _____

Driver's License Number and State: _____

How were you referred to us? _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High School: _____

Graduated: Yes No

College: _____

Graduated: Yes No

Technical Training: _____

Other: _____

Skills and Qualifications

Summarize and job-related training, skills, licenses, certificates, and/or other qualifications:

Typing Speed: _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____

Position Held: _____

Address: _____

Telephone Number: _____

Immediate supervisor and title: _____

Dates employed: _____

Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____

Position Held: _____

Address: _____

Telephone Number: _____

Immediate supervisor and title: _____

Dates employed: _____

Salary: _____

Job Summary: _____

Reason for leaving: _____

Employment History Continued

Employer: _____

Position Held: _____

Address: _____

Telephone Number: _____

Immediate supervisor and title: _____

Dates employed: _____

Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____

Position Held: _____

Address: _____

Telephone Number: _____

Immediate supervisor and title: _____

Dates employed: _____

Salary: _____

Job Summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

References

List three references' names, telephone numbers, and years known (do not include relatives but include one employer)

1. _____

2. _____

3. _____

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 omissions 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 New Mexico School for the Blind and Visually Impaired to further consider me for possible employment.

I hereby authorize the New Mexico School for the Blind and Visually Impaired and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the New Mexico School for the Blind and Visually Impaired 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 compliance 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 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 eligibility for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the New Mexico School for the Blind and Visually Impaired, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, Section 28-201, 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 New Mexico School for the Blind and Visually Impaired, that the School may provide me written notice of the withdrawal of its offer, and that I shall be entitled to no further process or procedures.

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 New Mexico School for the Blind and Visually Impaired 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.

Signature _____

Date _____