



NEW MEXICO SCHOOL FOR THE DEAF

1060 Cerrillos Road • Santa Fe, NM 87505
 (505) 476-6300-V/TTY/VP ■ (505)476-6315-Fax
 Website: www.nmsd.k12.nm.us

EMPLOYMENT APPLICATION

Application Date:											
Social Security Number:					-			-			
Last Name:			First Name:				Middle Initial:				
Mailing Address (Street, Apt, or PO Box):											
City:			State:				Zip:				
Home Phone Number:			Work Phone Number:				Cell Phone Number:				
E-Mail Address:							Are you over 18?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Schedule Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Temporary Hours Desired:									
Please list which position you are applying for:									
1					3				
2					4				
Date available for employment:					Minimum Salary required:				

Have you previously:											
WORKED for NMSD?	<input type="checkbox"/> Yes When, _____			<input type="checkbox"/> No		APPLIED for work at NMSD?	<input type="checkbox"/> Yes When, _____			<input type="checkbox"/> No	
	Position: _____						Position: _____				
Other name(s) used which may appear on educational and prior employment records:											
Does NMSD employ any relative of yours? <input type="checkbox"/> Yes <input type="checkbox"/> No						Name: _____					
						Relationship: _____					
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No											

EDUCATION RECORD									
High School Diploma/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No		Year Obtained:			
Name of School			City, State						
UNDERGRADUATE:									
Name of Institution			City, State		Attended From-To Month/Year				
Degree Awarded			Major		Date Awarded (month/year)				
GRADUATE:									
Name of Institution			City, State		Attended From-To Month/Year				
Degree Awarded			Major		Date Awarded (month/year)				

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL

Name of Institution		City, State		Attended From-To Month/Year	
Title of Program:		Total Classroom Hours		Certification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Name of Institution		City, State		Attended From-To Month/Year	
Title of Program:		Total Classroom Hours		Certification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

MILITARY TRAINING

Branch of Service		Date Entered		Date Discharged	
Duties:					

LICENSES/CERTIFICATIONS (If Applicable)

1	License/Certification Type		License Number		Expiration Date	
	State of Issuance					
2	License/Certification Type		License Number		Expiration Date	
	State of Issuance					

LANGUAGE PROFICIENCY: List language skills, other than English, you have and the level of proficiency

Languages:		Level of Proficiency	

Other qualifications or skills (computer literacy, types of equipment operated, training, etc)

EMPLOYMENT HISTORY (Chronological Order-Present to Past)

1	Dates of Employment: From (month/year)		To (month/year)		
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title		Supervisor Phone Number
Start Rate	<input type="checkbox"/> Hour <input type="checkbox"/> Annual	Final Rate:	<input type="checkbox"/> Hour <input type="checkbox"/> Annual	Hours per week	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

2	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

3	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

4	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

REFERENCES

Please list three references that we may contact regarding your character. **DO NOT LIST RELATIVES.**

1	Name:	Occupation:
	Phone Number:	E-Mail Address:
2	Name:	Occupation:
	Phone Number:	E-Mail Address:
3	Name:	Occupation:
	Phone Number:	E-Mail Address:

Additional Information: Please give any additional information which may more fully describe your qualifications. This space may also be used to continue answers to items on the preceding pages. Use additional sheets if necessary.

CONFIDENTIALITY OF INFORMATION:

NMSD will endeavor to keep the information confidential to the extent permitted by law.

APPLICANTS CERTIFICATION:

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment.

Signature:	Date:
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New Mexico School for the Deaf prohibits discrimination in employment or provision of services on the basis of race, religion, age, color, national origin, sex, sexual orientation, gender identity, disability or serious medical condition.



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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 omission 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 Deaf (NMSD or School) to further consider me for possible employment.

I hereby authorize the School and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School 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, 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 to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the School, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, §28-2-1, 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 School, 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 procedure.**

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 School 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 of Applicant

Date

Printed Name of Applicant



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APPLICANT DATA RECORD

To help us comply with Equal Employment Opportunity record keeping and reporting please complete with Application Data Record. This is not required but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Employment Application. **It will not be seen by the selecting official.**

Date:		
Last Name:	First Name:	Middle Initial:
Mailing Address (Street, Apt, or PO Box):		
City:	State:	Zip:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:
Position Applied for:		
Referral Source:		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	
<input type="checkbox"/> Job Line	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other:		
Race/Ethnic Group:		
<input type="checkbox"/> White	<input type="checkbox"/> Black	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Other	