



PECOS INDEPENDENT SCHOOLS
EMPLOYMENT APPLICATION
CLASSIFIED POSITION

Post Office Box 368
Pecos, New Mexico 87552
Phone (505) 757-4700
Fax (505) 757-8721

Name: _____

Social Security No. _____ **Telephone No.:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position Desired:

A. Position(s) desired: _____

B. Date of availability: _____

I. Please read the following and sign below.

To the applicant:

1. The Pecos Independent School District is an equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.
2. Please let us know if you require an accommodation to allow you to complete the application form, or for any other aspect of the application process.
3. *You must complete this application in full and provide **all** information requested. If you do not have all the requested information with you, take the application with you, and return it completed at a later date. An incomplete application will not be considered.*
4. The provision of any false, incomplete, or misleading statements on this application, on any other documents submitted with it, or as part of any other phase of the employment process, will result in the applicant's disqualification or discharge, regardless of when the misrepresentation or omission is discovered.
5. Applicants, including those for substitute and temporary positions, are subject to work history and education history checks, and to reference investigations. Finalists will also be subject to a criminal background investigation, including mandatory fingerprinting, at the applicant's expense, as a condition of further consideration for employment.
6. All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, but pursuant to the Criminal Offender Employment Act, NMSA 1978 ' 28-2-4 and 28-2-5, may be a basis for refusing employment.
7. This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new application for employment.

I have read and understood the foregoing: _____

Applicant's Signature

II. EDUCATION *[please list your last school first and work backwards]*

Name of School			
Years Attended (From-To)		School Address	
School Phone No.		Graduation Date	

Name of School			
Years Attended (From-To)		School Address	
School Phone No.		Graduation Date	

Name of School			
Years Attended (From-To)		School Address	
School Phone No.		Graduation Date	

[Continue on separate sheet if necessary]

III. LANGUAGE SKILLS *[other than English]*

Language	Speak (yes or no)	Read (yes or no)	Write (yes or no)

IV. LICENSES/CERTIFICATIONS

Type of License/Certification	State	License/Certificate No.

[Continue on separate sheet if necessary]

VI. EMPLOYMENT HISTORY

Note to Applicant: Include all employers since high school. Account for any gaps in employment history B e.g., if attending school, identify school and dates; if self-employed, give name and address of business and name and telephone number of business reference; if unemployed, give your address and telephone number during period of unemployment [please list your most recent employer first and work backwards].

Employer Name:		Position(s) Held:	
Employer Address:		Dates of Employment:	
Employer Phone Number:		Immediate Supervisor:	
Reason(s) for Leaving:		Reference:	

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Employer Address:		Dates of Employment:	
Employer Phone Number:		Immediate Supervisor:	
Reason(s) for Leaving:		Reference:	

[Continue on separate sheet if necessary]

VIII. GENERAL

I have been known by the following other name(s): _____

I am authorized to work in the United States on the basis of
_____ U.S. citizenship _____ alien identification card _____ neither

Have you previously been employed with the District?
_____ Yes Position: _____ Dates: _____
_____ No

Have you previously applied for employment with the District?
_____ Yes Date: _____
_____ No

Are any of your relatives currently employed by the District?
_____ Yes Name: _____ Relationship: _____
_____ No Position: _____

If you are hired, can you supply proof of your age?
_____ Yes
_____ No

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?
_____ Yes
_____ No

If employed, I would be interested in coaching or sponsoring the following extra-curricular activities:

Activity/Sport	School	Years of Experience

By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to the best of my knowledge.

Applicant's Signature _____ *Date*

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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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Pecos Schools to further consider my application.

I hereby authorize the District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the 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, 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 DISTRICT 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 acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, 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 District, that the District 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 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.

Printed Name of Applicant

Date

Signature of Applicant