

Mosquero Municipal Schools

P.O. Box 258 • 43 McNeil Avenue • Mosquero, New Mexico 87733

Office: (575) 673-2271 • Fax: (575) 673-2305

APPLICATION FOR EMPLOYMENT

The Mosquero Municipal Schools' Board of Education is an Equal Opportunity Employer. The Board of Education considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION:

NAME: _____

Last

First

Middle

ADDRESS: _____

Physical/P.O. Box

City

State

Zip Code

TELEPHONE: _____

Home #

Cell #

Best time/day to contact you

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

If yes, please provide employer's contact information: _____

Employer Name

Phone #

Are you available for an interview? Yes No If yes, when? _____

If hired, when would you be available to start work? _____

Are you prevented from lawfully being employed in this country because of Visa or Immigration status? Yes No

EDUCATION: *Please include copies of transcripts and current licenses held.

	NAME OF INSTITUTION:	CITY/STATE:	GRADUATE?	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	DATES ATTENDED: _____
COLLEGE LIST IF NEEDED.	1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE DEGREE COMPLETED : _____ DEGREE OF: _____
	2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE DEGREE COMPLETED : _____ DEGREE OF: _____
	3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE DEGREE COMPLETED : _____ DEGREE OF: _____
OTHER (MILITARY, ETC.)				DATES ATTENDED: _____

EMPLOYMENT HISTORY:

List in order of most recent employment first.

Employer: _____
Name City State Phone #

Job Title: _____ Dates Employed: _____ to _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____
Name City State Phone #

Job Title: _____ Dates Employed: _____ to _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____
Name City State Phone #

Job Title: _____ Dates Employed: _____ to _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____
Name City State Phone #

Job Title: _____ Dates Employed: _____ to _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____
Name City State Phone #

Job Title: _____ Dates Employed: _____ to _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

LICENSES: LIST LICENSES AND EXPIRATION DATE.

LICENSE:	EXPIRATION DATE:

REFERENCES: ONLY INCLUDE REFERENCES WHO ARE FAMILIAR WITH YOUR WORK ABILITY.

NAME:	ADDRESS:	PHONE #:	PROFESSIONAL RELATIONSHIP:

ADDITIONAL INFORMATION: SHARE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US WHEN CONSIDERING YOUR APPLICATION.

AGREEMENT:

As an applicant for a position with Mosquero Municipal Schools, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize Mosquero Municipal Schools to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

ATTACHMENTS:

Please include a resume, copies of transcripts, copies of certificates held, and letters of reference.

Received in MMS office by _____ Date: _____