



Date _____

Employment Application – Licensed Positions

Instructions: Please fill out every section completely and accurately. This application is part of the selection process and does not serve as an offer of employment. All statements are subject to verification.

Position for which you are applying: _____

When will you be available to begin employment? _____

How did you hear about this position? _____

Full Name (first, middle, last): _____ SSN (optional): _____ Former

Name: _____

Address:

_____ Primary

Phone: _____ Email Address: _____

NMPED Certificates (please attach copies of all licenses to this application)

Licensure Type and Level (ex: Secondary Level 2)	Endorsements	Date of Expiration

College Education

Name of Institution	City and State	Start Date	End Date	Degree and Subject	Date Granted	GPA

**Contract Teaching and Other Paid Education Experience***(Teacher, Administrator, Counselor, etc.)*

List all districts/schools. Start with your most recent experience.

Start Date	End Date	Name of District/School City and State	Name and Title of Supervisor	Grades/Subjects	# of years	Annual Salary

Total number of years of paid experience in education: _____

Non-Paid Experience*(Student Teaching, Internship, etc.)*

Start Date	End Date	Name of District/School City and State	Name and Title of Supervisor	Grades/Subjects	# of years	Annual Salary

List three professional references below including at least one from your most recent employment in education. (Administrators, department chairs, supervising teachers, college professors, etc.)

Name and Title	Complete Mailing Address	Telephone	Email Address

Languages spoken fluently other than English: _____



List scholastic distinctions, professional writings, conference presentations, etc.:

List any other skills or qualifications that would be an asset to this position, including military experience:

If you answer "yes" to any of the questions below, an explanatory note must be attached to your application:

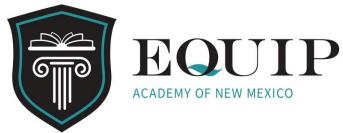
- Have you ever been discharged from employment? _____
- Have you ever had an educational certificate revoked or suspended? _____
- Are you physically and mentally able to perform the job duties as listed in the job description? _____ •

Have you ever been convicted of a crime? _____

- Are you legally able to work in the United States? _____

PLEASE READ CAREFULLY AND SIGN

- I hereby release any and all past employers and their agents from any claim or liability for responding to any verbal or written inquiry regarding my application for employment with Equip Academy of New Mexico. • I understand that any offer of employment by Equip Academy of New Mexico will be conditional on successful passage of required drug test and fingerprint clearance.
- I understand that before any appointment to a licensed position becomes effective or compensation is possible, a valid license must be on file.
- I have never been dismissed, released, or non-reelected from a teaching position. If I have been dismissed, released, or non-reelected, I have attached a written explanation to this application.
- I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment with Equip Academy of New Mexico is truthful and accurate. I understand that if any information provided by me on this employment application or any other information



provided by me in the course of applying for employment with Equip Academy of New Mexico and at any time thereafter is found to be false, untruthful, or misleading, I will be subject to immediate non-selection for employment or termination from employment. Submission of this application also certifies that I am physically and mentally able to perform the duties stated in the job description.

Signature: _____ Date: _____

Name as you would like it to appear on your records:

Equip Academy of New Mexico is an Equal Opportunity Employer and does not discriminate on the basis of age, race, color, gender, national origin, religion, disability, or any other basis protected by federal, state, or local law, ordinance, or regulation. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the positions or program for which application is made. It is the responsibility of the applicant to notify the employer of any necessary modifications to the job or work site in order to determine whether the employer can reasonably accommodate any known disability.

Application will be kept on file until the position is filled.