

**EMPLOYMENT APPLICATION  
CERTIFIED POSITION  
CUBA INDEPENDENT SCHOOLS**

*Position Applying For:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**I. To the applicant: Please read the following and sign below.**

1. The Cuba 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.

**I have read and understood the foregoing:** \_\_\_\_\_

*Applicant's Signature*

*Date*

**II. EDUCATION**

College or University	Address/Telephone No.	Years Attended	Major	Degree and year	Name of contact or reference

*[Continue on separate sheet if necessary]*

**III. STUDENT TEACHING EXPERIENCE** *[must be completed if applicant has completed fewer than three full consecutive school years in education]*

School Name	School Address & Telephone No.	Start-End Dates	Courses or Grades	Name of Supervisor

*[Continue on separate sheet if necessary]*

**IV. LANGUAGE SKILLS** *[other than English]*

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

V. CERTIFICATION

State	Certificate No.	Endorsements

*[Continue on separate sheet if necessary]*

**VI. EMPLOYMENT HISTORY**

*Note to Applicant : Include all employer's since high school. Account for any gaps in employment history – 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.*

Employer Name	Employer Address and Telephone Number	Dates of Employment	Position(s) Held	Immediate Supervisor	Reason(s) for Leaving (please be specific)

*[Continue on separate sheet if necessary]*

VIII. GENERAL

I have been known by the following other names: \_\_\_\_\_

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

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

Activity	Prior Experience (no. years) and name of school

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 employed by the District?

Yes Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 No

\*\*\*\*\*

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.

\_\_\_\_\_  
 Signature Date: \_\_\_\_\_

CUBA INDEPENDENT SCHOOLS  
 POST OFFICE BOX 70  
 CUBA, NEW MEXICO 87013  
 (505) 289-3211 ext. 100

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 \_\_\_\_\_ Schools (the District) 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant