



# Hatch Valley Public Schools

P.O. Box 790, Hatch, NM 87937 - 219 E. Hill St., Hatch, NM 87937

## CERTIFIED APPLICATION

### POSITION APPLYING FOR:

#### DEMOGRAPHIC DATA

SOCIAL SECURITY NUMBER

APPLICATION DATE

LAST NAME

FIRST NAME

M.I.

Jr./Sr./etc.

CURRENT ADDRESS (P.O. BOX, STREET NUMBER, STREET NAME, APT. NUMBER)

CITY STATE ZIP CODE

PERMANENT ADDRESS (If Different)

CITY STATE ZIP CODE

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

#### POSITION DATA

EMPLOYMENT PREFERENCES: Indicate below the level/subject combination(s) in which you are endorsed or qualified to teach.

##### Elementary (K - 5)

Grade Level Qualified (Check top 3 choices)  K  1  2  3  4  5  No Preference

Middle School (6-8)

Subject Area Qualified 1)  2)  3)  4)

High School (9-12)

Subject Area Qualified 1)  2)  3)  4)

##### Other Languages besides English:

Read  Write  Speak

Read  Write  Speak

Read  Write  Speak

## EDUCATION / TRAINING

Name of School & Location

Course of Study, Major/Minor Fields

Diploma / Degree

Yr. Graduated / College Only

## CERTIFICATIONS

### Licensure

MAINTAINING APPROPRIATE LICENSURE IS THE RESPONSIBILITY OF THE INDIVIDUAL. UPON EMPLOYMENT, FAILURE TO MAINTAIN APPROPRIATE LICENSURE MAY BE CAUSE FOR TERMINATION.

Do you now hold a current New Mexico Teaching License?

If yes, you must include a copy of License(s)

If no, have you applied for New Mexico Licensure?

If yes, Date applied

Do you hold a teaching license in another state?

If yes, you must include a copy of License(s)

Have you ever completed and passed an out-of-state licensure exam(s)?

If yes, you must include a copy of exam results

Are you an Alternative Licensure Candidate?

If yes, have you contacted the NMSU Education Department regarding your program?

### Areas of Certified Specialization

ELEMENTARY    EARLY CHILDHOOD/KINDERGARTEN    BILINGUAL CERTIFICATION    ESL

SECONDARY TEACHING FIELDS   1)  2)  3)

K-12 TEACHING FIELDS   1)  2)  3)

SPECIAL EDUCATION:   AREA(S) OF SPECIALIZATION

VOCATIONAL:   AREA(S) OF SPECIALIZATION

OTHER    LIBRARIAN    COUNSELOR    NURSE    DIAGNOSTICIAN

SOCIAL WORKER    SPEECH THERAPIST    READING    ADMINISTRATIVE

OCCUPATIONAL/PHYSICAL THERAPIST

Activities/Athletics qualified to coach or sponsor: \_\_\_\_\_

## STUDENT TEACHING

(ONLY COMPLETE THIS SECTION IF YOU HAVE LESS THAN 3 YEARS OF TEACHING EXPERIENCE

From Mo/Yr	To Mo/Yr	Subject / Grade Level	Cooperating Teacher	School	School Address	Phone Number
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
University Supervisor	University	Complete Mailing Address with Zip Code			Phone Number	
[ ]	[ ]	[ ]			[ ]	

## WORK EXPERIENCE

From	To	Employer	Mailing Address / Email	City/State	Phone Number	Supervisor	Reason for Leaving
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

## EMPLOYMENT REFERENCES

PLEASE LIST BELOW REFERENCES WHO MAY BE CONTACTED REGARDING YOUR WORK HISTORY. PLEASE INCLUDE ALL MANAGERS/SUPERVISORS AT THE LAST TWO EMPLOYING ORGANIZATIONS WHO EVALUATED OR SUPERVISED YOUR PERFORMANCE

Full Name of Reference	Position/Title of Reference	Mailing Address /Email	Phone Number	Name Listed on Your Record
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]

## VERIFICATION

Hatch Valley Public School has a no smoking /no tobacco policy.

The Hatch Valley Public School District does not discriminate of the basis of race, color, national origin, sex, disability, or age in its programs and activities

This application and the statements made herein become the property of the Hatch Valley Public Schools at the time the application is submitted.

I swear under the penalty of perjury that the foregoing statements and all things related thereto are true and correct. I further acknowledge that by the making of a false statement. The furnishing of false information or the withholding of pertinent information in connection with this application will constitute grounds for dismissal.

I understand that the Hatch Valley Public Schools will obtain an FBI Fingerprint background history upon employment; and I hereby authorize the release of information and further release from liability any and all parties who may supply personal information concerning my employment.

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Signature of Applicant

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Date

***The Hatch Valley Public Schools does not discriminate on the basis of race, color, national origin, sex, The Hatch Valley Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies or 504 questions:***

***Superintendent***

***PO Box 790***

***219 E. Hill St.***

***Hatch, NM 87937***