



Hatch Valley Public Schools

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

Paraprofessional / Substitute Application

An Equal Opportunity Employer

DEMOGRAPHIC DATA

SOCIAL SECURITY NUMBER

APPLICATION DATE

BIRTHDATE

LAST NAME

FIRST NAME

M.I.

Jr./Sr./etc.

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

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

NAME OF PERSON WHO IS IN PERMANENT CONTACT WITH YOU

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

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

WORK EXPERIENCE

From Mo/Yr	To Mo/Yr	FT / PT	Employer / Email	Mailingl Address	Phone Number	Position/Title	Reason For Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Have you participated as a worker or volunteer in any activities which would contribute to your effectiveness in working with children?

☐

If yes, please explain

EDUCATION / TRAINING

Check last year completed

High School ☐ 10 ☐ 11 ☐ 12 ☐ GED

College ☐ 1 ☐ 2 ☐ 3 ☐ 4

Describe any other training or education

High School

Location

From Mo/Yr

To Mo/Yr

Graduation or GED

Colleges

Degree or Semester Hours

SPECIAL INTERESTS, SKILLS AND HOBBIES

List any special interests, skills, and hobbies

LANGUAGES

Do you speak, read, or write any language other than English?

Other Language Spoken

Read

Written

EMPLOYMENT REFERENCES

List previous supervisors. If inexperienced, list names of department heads or teachers. Also include addresses and phone numbers.

Full Name of Reference

Position/Title of Reference

Complete Mailing Address

Phone Number

Name Listed on Your Record

Have you ever been released or asked to resign from a position?

If yes, explain

Have you ever been convicted of a felony?

Can you furnish your own vehicle for the job?

VERIFICATION

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

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.

Signature of Applicant

Date