



Cien Aguas International School Application for Employment

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Cien Aguas International School does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex or on any other basis prohibited by law.

PLEASE TYPE OR PRINT CLEARLY				DATE
NAME (Last)	(First)	(Middle)		Soc. Sec. (Last 4 Numbers)
ADDRESS (Street)	(City)	(State)	(Zip)	PHONE NUMBER ()
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, STATE YOUR DATE OF BIRTH _____				
POSITION DESIRED				
POSITION APPLIED FOR:				
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACTED <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER _____				
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> INTERNET AD <input type="checkbox"/> CURRENT EMPLOYEE <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER _____				
HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	(WHERE)	(WHEN)	(CHARGED)	
(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying for.)				

EDUCATION

EDUCATIONAL INSTITUTION		DATES ATTENDED		GRADUATED		DEGREE EARNED	
School Name	School Address	From	To	Yes	No	Type	Major/ Minor

LICENSURE (if applicable)

NM PED LICENSE NUMBER	
TYPE/LICENSURE AREA	
TIER LEVEL	
ENDORSEMENT(S)	

ADDITIONAL INFORMATION

LISTS ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER
(PROFESSIONAL AFFILIATIONS, HOBBIES, INTERESTS, SPECIAL SKILLS, ETC)

EXPERIENCE

List most recent experience first

1. POSITION HELD:

EMPLOYER NAME/ADDRESS:	SALARY Starting / Ending \$ / \$	EMPLOYED FROM: MO ___ YR ___ TO: MO ___ YR ___
DIRECT SUPERVISOR:	REASON FOR LEAVING:	
Phone Number:		

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

2. POSITION HELD:

EMPLOYER NAME/ADDRESS:	SALARY Starting / Ending \$ / \$	EMPLOYED FROM: MO ___ YR ___ TO: MO ___ YR ___
DIRECT SUPERVISOR:	REASON FOR LEAVING:	
Phone Number:		

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

3. POSITION HELD:

EMPLOYER NAME/ADDRESS:	SALARY Starting / Ending \$ / \$	EMPLOYED FROM: MO ___ YR ___ TO: MO ___ YR ___
DIRECT SUPERVISOR:	REASON FOR LEAVING:	
Phone Number:		

MAY WE CONTACT THE EMPLOYER LISTED ABOVE? YES NO

ACKNOWLEDGEMENT

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment. I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Cien Aguas International School or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Cien Aguas International School, its subsidiaries and affiliates, and me for either employment or for providing of any benefit.

In signing this form I certify that I understand all the questions and statements in this application. Further, if granted a position with Cien Aguas International School, I will comply with Cien Aguas International School policies and procedures which will be given upon employment.

SIGNATURE OF APPLICANT

DATE