



EUNICE PUBLIC SCHOOLS

1720 AVE K / P.O. BOX 129, EUNICE, NM 88231

575-394-2524 575-394-3006 (FAX)

Applications will be accepted for posted positions only

DATE. _____

PERSONAL

PLEASE PRINT ALL INFORMATION IN BLACK INK

Last Name

First Name

Middle Name

Maiden Name

Name: as recorded on documents if different from above.

Have you ever been employed by Eunice Schools? ☐ YES ☐ NO

If Yes, when _____

MAILING ADDRESS & TELEPHONE INFORMATION

EMAIL:

PHONE NUMBER:

NUMBER. STREET

Apt. No

P.O. Box #

City

State

Zip

POSITION DESIRED

A letter of interest must be submitted to the EPS HR Office for each position for which you would like to be considered.

TEACHER

SUPPORT STAFF

ADMINISTRATOR

☐ Elementary (K - 5)

☐ Nurse

☐ Principal

☐ Middle School (6- 8)

☐ Counselor

☐ Other

☐ High School (9 - 12)

☐ Instructional Assistant (IA)

☐ Special Education (K - 12)

☐ Other

OTHER

☐ Volunteer

☐ Specialization

Endorsement (s) listed on License:

Date Available:

List, in order of preference, grade level or subject areas you are licensed to teach:

FOR HUMAN RESOURCES USE ONLY

School Year

Application Received

Reactivated

EDUCATION										
(BEGIN WITH MOST RECENT) Resumes cannot be substituted for this portion.										
Colleges and Universities Attended NAME	CITY	STATE	DATES FROM	TO	MAJOR	HRS	MINOR	HRS	DEGREE RECEIVED	DATE RECEIVED
High School / GED										

TEACHING EXPERIENCE										
(BEGIN WITH MOST RECENT) Resumes cannot he substituted for this portion.										
FROM		TO								
MO	YR	MO	YR	GRADE SUBJECT	YRS EXP	Name of School District	Address of School District	Reasons for leaving	PRINCIPAL/ SUPERVISOR	CURRENT POSITION
					Student Teaching					
TOTAL YEARS OF VERIFIABLE EXPERIENCE: NO MORE THAN ONE YEAR'S EXPERIENCE IN ONE CALENDAR YEAR WILL BE CONSIDERED										

Have you ever been involuntarily terminated from another school district? ☐ YES ☐ NO

If yes, please give the name of the district. the date and the reasons for termination: _____

REFERENCES

List four most recent references. Include superintendents, principals and supervisors for whom you have worked who have firsthand knowledge of your character, personality, and scholarship. In addition, a college placement folder is desired for beginning teachers.

NAME	POSITION	ADDRESS	ZIP	PHONE

ALL OTHER WORK EXPERIENCE (List positions where you worked with children unsupervised (tutoring, babysitting, coaching, church nursery, summer camps, after-school programs, etc.)

[illegible]

PLEASE GIVE A HAND WRITTEN RESPONSE TO THE FOLLOWING QUESTIONS AND OR STATEMENTS. IF YOU ARE "BILINGUAL", RESPOND IN" OTHER THAN ENGLISH LANGUAGE" IN ADDITION TO YOUR ENGLISH RESPONSE. (USE AN ADDITIONAL PAGE IF NECESSARY.)

I. Why do you want to work for the Eunice Public Schools?

2. What strengths and qualities do you possess that could be an asset to the Eunice Public Schools?

List language(s) (other than English) that you speak read and write fluently.

Written Statement Regarding Background Disclosure:

I certify that none of the conditions listed below apply to me:

- (a) I have **never** been under investigation for, nor found to have violated, any state or federal statute relating to child abuse or neglect, sexual misconduct, or any sexual offense, including those offenses prohibited in Chapter 30, Article 3, 3A, 4, 6, 6A, 9, 37, 37A or 52 NMSA 1978, unless the allegations were false or unsubstantiated³
- (b) I have **never** been under investigation for, nor found to have violated, any ethical rule or policy approved by a former employer.
- (c) I have **never** had a professional license or certificate denied, suspended, surrendered, or revoked due to findings or allegations of child abuse, neglect, or ethical misconduct.

Applicant Signature: _____ **Date:** _____

Note: If any of these events **do** apply to you (excluding false or unsubstantiated allegations), you will need to replace the word "never" in the relevant section with a brief, factual explanation of the specific dates, circumstances, and outcome.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize EPS to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding in inquiries to connection with my employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all policies and procedures of Eunice Public Schools.

NOTICE- This application is not complete without a signature.

Signature of Applicant _____ Date _____

LICENSURE INFORMATION

Do you hold a valid N.M. Educator License? ☐ YES ☐ NO *(Include a copy)*

If N.M. Licensed:

Date Issued	Expiration Date	License No.
_____	_____	_____
Type	Level	Endorsement No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the answer is NO, complete the following:

- **Are you eligible for a license in N.M.?** ☐ YES ☐ NO
- **Have you previously held a N.M. License?** ☐ YES ☐ NO
- **Have you taken the NTE?** ☐ YES ☐ NO **Date:** _____
- **Have you taken the NMTA?** ☐ YES ☐ NO *(If yes, answer below)*

It will be the responsibility of the applicant to secure an evaluation of out-of-state credentials and apply for a New Mexico License from The Professional Licensure Department, Public Education Department, Education Building, 300 Don Gaspar St., Santa Fe, N.M. 87501-2786. (505) 827-5800 or www.ped.state.nm.us

Do you hold a valid Educator license in another state? ☐ YES ☐ NO *(Include a copy)*

Eunice Public Schools

PO Box 129, Eunice, New Mexico 88231
Office: (575) 394-2524 Fax: (575) 394-3006
www.eunice.org



AGREEMENT, AUTHORIZATION, WAIVER, and RELEASE

A. Applicant Certification:

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. Failure to provide all or part of the information requested may result in the refusal of the School District to further consider me for possible employment.

B. Authorization for Reference Checks:

I hereby authorize the School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School 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.

C. Waiver and Release as to Reference Checks:

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 SCHOOL DISTRICT.

D. Criminal Background Checks:

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered 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 School 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, the District may provide me written notice of the withdrawal of its offer of employment, and that I shall be entitled to no further process or procedure.

E. Public Disclosure of Applicant Names and Application Materials.

I understand that, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization may be subject to disclosure to persons outside the School District, including the media, to the extent such information is not expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPPA). (Results of criminal background checks, if requested are privileged and protected from public disclosure.)

As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.

Signature of Applicant:

Date:

Printed Name of Applicant