

LOVING MUNICIPAL SCHOOL DISTRICT
P.O. BOX 98 LOVING, NEW MEXICO 88256
(575) 745-2005 FAX (575) 745-2002

PROFESSIONAL APPLICATION

Complete this form and its enclosures and submit using the submit button. An unofficial transcript verifying your completed degrees, a copy of your teaching certificate or license, and a copy of your college/university credential file must be submitted to have a complete application. If you fail to complete all items which apply, your application or employment will not be processed.

Last Name		First Name		Middle Name
<hr/>				
Present Address (Street, P.O. Box)	City	State	Zip	Present Phone No.
<hr/>				
Permanent Address (if different from above)				Permanent Phone No.
<hr/>				
Social Security Number		Cell Phone		
<hr/>		<hr/>		
Position Desired		Salary Desired		
<hr/>		<hr/>		
Date of Application		Date Available		
<hr/>		<hr/>		
POSITION PREFERRED:	1 st Choice			
	2 nd Choice			
	3 rd Choice			

1. SCHOOL RELATED EMPLOYMENT HISTORY (SALARIED)

Name and Location of School	Grade or Subjects	Years Taught	No. Years	Full Time	Part Time	Reason for Leaving
<i>Example:</i> Las Cruces High School Las Cruces, NM	English/ Reading	XX- Present	4	X		Relocated

Applications are kept active for one year

Total Number Years of Experience _____

2. EDUCATIONAL AND PROFESSIONAL TRAINING

College/University	Dates of Attendance (Years)	Degree Conferred	Date

GPA _____ on _____ scale

How many college credit hours have you earned since your highest degree? _____

3. CERTIFICATION/LICENSURE

Teacher Licensure/ Other Credential No.	Issued by State	Type/Level Licensure	Area of Specialization	Date Issued	Date Expired

Have you applied for the New Mexico Licensure? _____

If "No", explain _____

Have you passed the Praxis exams _____

If "No", indicate date when you will take the exam _____

If out-of-state graduate, do you hold an out-of-state license? If "Yes", submit copy with your application.

Have you ever been issued a waiver or one-year license in New Mexico? _____

If "Yes", give date and name of employing school district _____

Are you currently working on additional licensure? _____ Area: _____

Number of credit hours you have in this area? _____

4. PERSONAL

Are you a citizen of the United States? Yes No

Are you a permanent resident alien? _____ If "Yes", form I-551 or I-155 is required

List any relative who is either a member of the Loving Municipal School District Board of Education or is employed by the Loving Municipal School District.

Name of Relative	Relationship	Position Held

Have you ever been injured on a job? No Yes If so, when and by whom employed? _____

Do you have any pre-existing physical impairments from this or any other accident? _____ Yes No

If "Yes", explain _____

Have you ever been asked to resign, been discharged, or been non-renewed from any position, teaching or

otherwise? No Yes If "Yes", explain _____

Have you ever had your teaching license revoked? _____ No _____ Yes Have you ever been convicted of a felony

or any crime involving dishonesty or moral turpitude? _____ No _____ Yes

4. PERSONAL (Continued)

Circle any of the following which you are able to direct or coach successfully:

Forensic Events Drama Music Boys Athletics Girls Athletics Intramurals Student
Organizations Other _____

Reason for applying with the Loving Municipal School District: _____

In an emergency please call

Name	Phone	Relationship	Street Address	City	State

By using events and situations that occurred in your recent work experience and training, describe how those experiences will contribute to your becoming a positive factor in our system: (If additional space is needed, please attach additional sheet.)

6. REFERENCES

Give at least six (6) references below. These references should be from work experiences, lay citizens, and especially Superintendents and Principals under whom you taught, and who have first-hand knowledge of your character, personality, scholarship and teaching ability.

Name	Street	City	State	Zip	Area Code and Phone No.	Position

APPLICANT’S STATEMENT

I hereby authorize the Loving Municipal School District to investigate all statements contained in this application. I affirm that all information contained in this application is true and complete, and that any misrepresentation, falsification or omission herein, shall be sufficient reason for dismissal from, or refusal of, employment. I understand that my previous employers may be asked for information relative to my employment record with them. I hereby authorize the Loving Municipal School District to request, from my previous employers, information relative to my prior employment, and I hereby authorize my previous employers to release the same. I authorize the Loving Municipal School District to secure criminal records from any governmental units, and I hereby authorize said governmental units to release the same. I agree, if accepted for employment, to comply with all rules and regulations of the Loving Municipal School District, to perform all duties assigned to me to the best of my ability, and to be responsible for Loving Municipal School District Property entrusted to my care. Furthermore, I agree to acquaint myself with school policies and by reading the Policy Handbook and to abide with those policies.

Signature _____ Date _____

The Loving Municipal School District shall adhere to a policy of equal employment opportunities for all employees. During the selection process, individuals shall be employed without regard to race, creed, color, age, sex, religion, marital status, national origin, or physical disability, except in situations where physical disability renders such applicant not "otherwise qualified". Discrimination against any person shall be prohibited in recruitment, examination, appointment, training, promotion, retention, discipline, and any opinions of affiliation, or because of other non-merit factors. Inquiries concerning your rights or grievances should be referred to the Superintendent, Loving Municipal School District, P,O, Box 98, Loving NM, 88256