

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 _____

ADDRESS & TELEPHONE INFORMATION

CURRENT ADDRESS UNTIL: _____ E-MAIL: _____

Number	Street	Apt. No.	Box No.	Area Code	Current Telephone
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City	State	Zip	Area Code	Alternate Telephone
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PERMANENT ADDRESS:

Number	Street	Apt. No.	Box No.	Area Code	Current Telephone
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City	State	Zip	Area Code	Alternate Telephone
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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

<input type="checkbox"/> Elementary (K – 5)	<input type="checkbox"/> Nurse	<input type="checkbox"/> Principal
<input type="checkbox"/> Middle School (6 – 8)	<input type="checkbox"/> Counselor	<input type="checkbox"/> Other _____
<input type="checkbox"/> High School (9 – 12)	<input type="checkbox"/> Instructional Assistant (IA)	
<input type="checkbox"/> Special Education (K – 12)	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Specialization _____		

Endorsement(s) listed on License: _____ Date Available: _____

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

This application will become the property of the Eunice Public School District and will remain in the personnel files for six months. The application will be reactivated upon written request from an applicant. Information changes should be reported in writing to the Human Resources Office immediately. If a position is accepted with another district, please notify the Human Resources Office.

FOR HUMAN RESOURCES OFFICE 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 be substituted for this portion.

FROM	TO		GRADE SUBJECT	YRS EXP	Name of School District	Address of School District	Reason for Leaving	PRINCIPAL / SUPERVISOR	CURRENT PHONE
	MO	YR							

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: _____

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.)

1. 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.

For your application to be considered you must submit the following:

(Please check each item to ensure a complete packet.)

- Application is fully completed and signed. (If a portion is not applicable please complete with "NA" not applicable.)
- Copies of transcripts for all universities/colleges attended.
- The completed/notarized Criminal History Affidavit.

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Eunice Public School District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the Eunice Public School District.

I hereby authorize the Eunice Public School District to conduct work history, personal reference or police record inquires to determine my acceptability for employment.

Driver's License No: _____ State: _____

Signature of Applicant: _____ Date: _____

INTERVIEWS WILL BE SCHEDULED ONLY ON AN AS NEEDED BASIS

The Eunice Public School District is an Equal Opportunity Employer. The Board of Education and its agents, officers, and staff members shall not discriminate on the basis of race, age handicap, color, religion, sex or national origin in making decisions regarding staff members of students.

LICENSURE INFORMATION

Do you hold a valid N.M. Educator License? YES NO (ATTACH A COPY)

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? Date _____ YES NO
 Have you taken the NMTA? If yes, answer below. YES NO

Date Issued _____ Expiration Date _____ License No. _____

Type _____ Level _____ Endorsement No. _____

NMTA Test _____ Score _____
 NMTA Test _____ Score _____
 NMTA Test _____ Score _____

It will be the responsibility of the applicant to secure an evaluation of out-of-state credential 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) 827-6581 or (505) 827-6587 or www.ped.state.nm.us

Do you hold a valid Educator license in another state? YES NO (ATTACH A COPY)

ACTIVITIES

Check the following which you are able to coach, direct or sponsor. Circle "B" for Boys and/or "G" Girls

Football	B	Baseball	B	Student Council	_____
Volleyball	G	Softball	G	Yearbook	_____
Basketball	B		G	Cheerleading	_____
Track	B		G		