

LORDSBURG MUNICIPAL SCHOOLS
 501 West 4th Street/P.O. Box 430/Lordsburg, NM 88045
 Tel. 505-542-9361 Fax 505-542-9364

**APPLICATION FOR
 PROFESSIONAL EMPLOYMENT**

1. Personal: For School Year _____ Date _____

Name _____ (Last) (First) (Middle) (Maiden Name) Soc. Sec. No. _____

Permanent Mailing Address _____ Telephone No. _____
 (Street, City, State, Zip Code)

Present Address _____ Telephone No. _____
 (Street, City, State, Zip Code)

Citizen of U.S.? Yes No If not, are you now eligible to work in the U.S.? Yes No

Grade or Subject(s) Preferred:

First Choice: _____

Second Choice: _____

2. Miscellaneous: Indicate extra activities you are willing to undertake: _____

3. Teaching Experience: (List last first; that is, in reverse order). List full-time teaching experience; identify part time experience – omit substitute experience.

Name of School	Location	Dates	Size of School	Grade Level or Subjects

4. College Education:

First Major _____ Sem. Hr. _____ Second Major _____ Sem. Hr. _____

First Minor _____ Sem. Hr. _____ Second Minor _____ Sem. Hr. _____

Sem Hr. Practice Teaching _____ Subject _____ Grade Level _____ Grade _____

Hours above highest degree _____ (Please attach copies of unofficial transcripts)

Be definite as to dates and degrees.

Name of School	Location	Dates	Degree or Semester Hours

5. References: List most recent supervisors. Inexperienced applicants must list the practice teaching supervisor.

Name	Position	Present Address	Name Under Which You Taught

6. Have you passed the NTE or NMTA? Yes No (Please attach copies of score sheets)

7. Do you hold a current New Mexico education license? Yes No (Please attach copy)

8. Have you ever been discharged, terminated or asked to resign a teaching position? Yes No
If yes, attach explanation.

9. Give any additional information which you believe might be helpful. _____

10. I affirm that the information contained herein is true, complete, and accurate to the best of my knowledge. I understand that false statements, omissions, or misrepresentations are grounds for disqualification of an applicant or immediate dismissal after employment.

I authorize the Lordsburg Municipal School District and its agents to investigate my work history, criminal history, references, and educational history.

I understand that a copy of this statement may be sent to any or all of the above-mentioned parties when the district makes a request for information. I therefore waive any claim of confidentiality in regard to responses from the above-mentioned parties in submitting their responses to said request(s).

Signature

Date

<p>For office use only: Interview date(s)</p>
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