



Application for Employment

NEW MEXICO SCHOOL FOR THE BLIND & VISUALLY IMPAIRED

1900 North White Sands Boulevard, Alamogordo, New Mexico 88310

Phone 1-800-437-3505 or 575-437-3505 • Visit us online: www.nmsbvi.k12.nm.us

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PLEASE PRINT CLEARLY

Applicant name: _____ Date: _____
Last First Middle

Position applied for or type of work desired: _____
(Please submit a separate application for each position for which you are applying.)

Mailing Address: _____
Number Street City/State Zip

Telephone #: _____ Social Security #: _____

Type of employment desired: ☐ full-time ☐ part-time ☐ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? ☐ Yes ☐ No

Do you have any objection to working overtime if necessary? ☐ Yes ☐ No

Do you have any objection to working shifts if necessary? ☐ Yes ☐ No

Can you travel if required by this position? ☐ Yes ☐ No

Have you ever been previously employed by our organization? ☐ Yes ☐ No

Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No

If you are under 18, can you furnish a work permit if it is required? ☐ Yes ☐ No

Do you have relatives working for NMSBVI? ☐ Yes ☐ No

If yes, list their name, relation to you, and where they work:

Have you ever been convicted of a felony crime in the last 7 years? ☐ Yes ☐ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____ State: _____

How were you referred to us? _____

NMSBVI IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Name: _____

Position applied for: _____

Date: _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____ Graduated: Yes ☐ No ☐

College: _____ Graduated: Yes ☐ No ☐

Technical Training: _____

Other: _____

Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Typing speed _____ WPM Word Processing Speed _____ WPM

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History (continued)

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

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 New Mexico School for the Blind and Visually Impaired to further consider me for possible employment.

I hereby authorize the New Mexico School for the Blind and Visually Impaired and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the New Mexico School for the Blind and Visually Impaired will send a copy of this Agreement and Authorization to each individual or entity from whom it is seeking a reference or background information.

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 compliance 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 UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist for, or if I am actually recommended for employment, I will submit to a criminal background investigation, including mandatory fingerprinting, at my expense, to determine my eligibility for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the New Mexico School for the Blind and Visually Impaired, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, Section 28-201, 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 New Mexico School for the Blind and Visually Impaired, that the School may provide me written notice of the withdrawal of its offer, and that I shall be entitled to no further process or procedure.**

I understand that the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization is confidential, for the exclusive use of the New Mexico School for the Blind and Visually Impaired and its agents for employment decisions, and will not be transferred to any other entity without my written authorization unless required to be disclosed upon request by either New Mexico or federal law.

Signature

Date