Support Staff Application



Return to: **Anthony Charter School P.O. Box 355 Anthony, NM 88021** Phone: (575) 882-0600

Fax: (575) 882-0000 Fax: (575) 882-2116 Email: dmarmolejo@acsnm.org

"An Equal Opportunity Employer"

PLEASE PRINT OR TYPE

Data Entry

A Complete application must be submitted to be considered for employment.

It is the applicant's responsibility to make sure your application is complete.

The application **MUST** include the following:

The ap	phication WIOSI metu	de the following:		
□ 1.	Completed Applicati	on		
□ 2.	Copy of High Schoo	l Diploma, GED or pr	oof of enrollment in GED pro	gram.
□ 3.	Three letters of reco possible, please cont	mmendation written vact the Human Resour	within the last 12 months. On rees Director before turning in	e must be from a current supervisor. If this is no your application.
□ 4.	Current Resume			
□ 5.	Letter of Interest			
	_	-	ool site/department with a red for all interview finalis	copy of your letter of interest) sts.
▼N.	AME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER

▼ADDRESS	CITY	STATE	ZIP	HOME NUMBER	WORK/CELL NUMBER			
Name of person wh	o is in permanent	contact with you	•					
▼ADDRESS	CITY	STATE	ZIP	HOME NUMBER	WORK/CELL NUMBER			
Do you speak, read o	or write any languag	e, other than Engl	lish?	☐ Yes ☐ No				
Other Languages Spo	oken		Read	Write				
			☐ Read	☐ Write				
Have you ever been	convicted of a felon	y?	□ N	0				
Special Skills, Intere	sts and Hobbies:							
PI	LEASE CHECK P	OSITION(S) AN	D FILL IN	LOCATIONS DESIRI	ED BELOW			
		PO	SITION(S)					
Campus Security			o Cust	odial				
o Clerical			∘ Educ	 Educational Assistant 				
List Position Title:				Nutrition Services				
o Coaches			○Other	<u></u>				
		OFFICE M	ACHINE S	KILLS				
Typingwpi	n Bur	rster	Micr	osoft Windows	Novell Groupwise			
Switchboard		Key Calculator	Micr	rosoft Excel	Other Skills			

Microsoft Word

Folder/Stuffer

NAME OF SCHOOL MAILING ADDRESS			ENDED	DIPI	LOMA OR GED		
High School:						ma: Yes No	
Trigii School	•				GED:	☐ Yes ☐ No	
University/Vocational School:						Degree/Number of Hours	
·	20110011				2 08.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1.							
2.							
	ployment a	account for all years follo and state the reason. If an					
		PLOYER/OTHER Address, City, State, Zip	SUPERVISOR Name and Numb		OSITION HELD	REASON FOR LEAVING	
1. From: To:							
2. From: To:							
3. From: To:							
4. From: To:							
5. From: To:							
		REI	FERENCES				
NAME	(Stree	ADDRESS et, City, State, & Zip Code)	PHONE NUMBER		ARS OWN	RELATIONSHIP	
l.							
2.							
 3.							
AKE SURE THAT anderstand that the Apployment. I hereby	ΓΗΕΙR AF Anthony C authorize	S WILL NOT BE ACCIPLICATION IS COMP harter School will obtain the release of information	LETE BEFORE TO n an FBI fingerprin on and further relea	URNING 1 t backgrou	IN THE Alund history	PPLICATION. on all applicants f	
CI	ZNATURE	OF APPLICANT				ATE	

AN APPLICATION OVER ONE YEAR WILL AUTOMATICALLY BE DEACTIVATED.

Anthony Charter School P.O. Box 355 Anthony, NM 88021

PHONE: (575)882-0600 / FAX: (575) 882-0603

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE (To be completed by Applicant)

A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER AND RELEASE WILL BE SENT TO ALL REFERENCES REQUESTED.

<u>APPLICANT PLEASE RETURN THIS FORM WITH YOUR APPLICATION AND REFERENCE</u> CHECK FORMS

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 Anthony Charter School to further consider me for possible employment.

I hereby authorize the Anthony Charter School and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Anthony Charter School will send a copy 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 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 ANTHONY CHARTER SCHOOL UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist for, or I am actually recommended for 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 Anthony Charter school, 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 the satisfactory completion of all background checks.

understand that the information contained in this application and the informationization is confidential, for the exclusive use of the Anthony Charter S ransferred to any other entity without my written authorization unless requiaw.	school and its agents for employment decisions, and will not be
SIGNATURE	DATE
PRINTED NAME	SOCIAL SECURITY NUMBER