



NEW MEXICO MILITARY INSTITUTE

101 West College Boulevard
Roswell, New Mexico 88201

HUMAN RESOURCES OFFICE

Tel. (575) 624-8080 – Fax (575) 624-8067

E-mail: employment@nmmi.edu

Date:

EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition, disability or any other protected characteristic.

IMPORTANT INSTRUCTIONS:

If completed online: Fill out the gray shaded areas. Click “TAB” on your keyboard to move between gray areas. Check boxes are to be clicked to show your answer. Save as needed, and print when complete. You may print a blank form and fill in by type or ink.

Any area of application not applicable to you, enter “N/A”. If additional space is required to answer or explain any part of this form, additional documentation should be attached. **On “position desired,” be specific – do not enter “anything,” etc.** Persons wishing to attach personal résumés or other documentation are invited to do so. If application is not **completed in its entirety**, and as suggested above, New Mexico Military Institute (NMMI) reserves the right to not consider the application. NMMI keeps applications on file for as long as practicable, but at a minimum of at least one (1) month.

NMMI IS AN EQUAL OPPORTUNITY EMPLOYER

LAST				FIRST				MI	
MAILING ADDRESS									
CITY				STATE		ZIP			
HOME PHONE				BUSINESS OR BEST CONTACT PHONE					
E-MAIL									
ARE YOU ELIGIBLE TO BE EMPLOYED IN THE U.S.?				<input type="checkbox"/> YES		<input type="checkbox"/> NO			
POSITION INTERESTED IN: (One Application Per Position Please)									
ARE YOU NOW EMPLOYED?				<input type="checkbox"/> YES		<input type="checkbox"/> NO			
WHERE?									
TITLE OF PRESENT POSITION									
SALARY FOR PRESENT OR LAST POSITION			\$	per					
HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH NMMI		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?		POSITION?			
ARE ANY RELATIVES, SIGNIFICANT OTHERS, OR MEMBERS OF HOUSEHOLD EMPLOYED AT NMMI?			<input type="checkbox"/> YES		<input type="checkbox"/> NO				
IF SO, WHO?				RELATIONSHIP					

MILITARY SERVICE RECORD

BRANCH OF SERVICE	INCLUSIVE DATES		SERVICE NUMBER	BEGINNING RANK	RANK AT RELEASE
	FROM	TO			
ARE YOU A MEMBER OF A MILITARY RESERVE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
RESERVE STATUS	<input type="checkbox"/> ACTIVE <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED				

EDUCATION AND PROFESSIONAL TRAINING

NAME AND LOCATION OF SCHOOL	GRADUATION DEGREE	MAJOR AREA	SEM. HRS.	MINOR AREA	SEM. HRS.
HIGH SCHOOL					
COLLEGE OR UNIVERSITY (Undergraduate)					
GRADUATE WORK (Workshops, Institutes, etc.)					

AN OFFICIAL COPY OF A TRANSCRIPT OF ALL COLLEGE CREDITS MAY BE REQUESTED

OTHER SCHOOLS OR TRAINING: (for example, trade, vocational, Armed Forces, or business. Give the names and locations of school(s), dates attended, subjects studied, certificates received, etc.)

EMPLOYMENT HISTORY

NAME OF EMPLOYER		DATES EMPLOYED	FROM:		TO:	
ADDRESS		TELEPHONE NUMBER				
POSITION		REASON FOR LEAVING				
NAME OF EMPLOYER		DATES EMPLOYED	FROM:		TO:	
ADDRESS		TELEPHONE NUMBER				
POSITION		REASON FOR LEAVING				

EMPLOYMENT HISTORY (CONTINUED)

NAME OF EMPLOYER		DATES EMPLOYED	FROM:	
			TO:	
ADDRESS		TELEPHONE NUMBER		
POSITION		REASON FOR LEAVING		
NAME OF EMPLOYER		DATES EMPLOYED	FROM:	
			TO:	
ADDRESS		TELEPHONE NUMBER		
POSITION		REASON FOR LEAVING		
HAVE YOU EVER BEEN DISCHARGED INVOLUNTARILY FROM A POSITION?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN				

PLEASE COMPLETE THIS SECTION IF APPLICABLE:

EDUCATIONAL EXPERIENCE

(Designate full-time or part-time by checking the appropriate space provided.)

NAME OF INSTITUTION	CITY	STATE	SUBJECTS TAUGHT OR ADMINISTRATION	FULL TIME	PART TIME	INCLUSIVE DATES		TOTAL MONTHS
						FROM	TO	
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
DO YOU HOLD A SECONDARY TEACHING CERTIFICATE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		STATE				
IN WHAT AREAS ARE YOU CERTIFIED TO TEACH (Please list semester hour credits in each subject listed)								
NUMBER OF SEMESTER HOURS EARNED IN EDUCATION				OTHER SPECIALTIES BEING UPGRADED?				

RELATED EDUCATIONAL INFORMATION

WHAT EXPERIENCE HAVE YOU HAD IN CO- AND EXTRA-CURRICULAR ACTIVITIES SUCH AS STUDENT PUBLICATIONS, CLUB SPONSOR, COACHING, ETC.?				
WOULD YOU BE WILLING TO COACH?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHAT ACTIVITY?	
WOULD YOU BE WILLING TO SPONSOR STUDENT ACTIVITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHAT ACTIVITIES?	
WOULD YOU BE WILLING TO SERVE AS AN ACADEMIC ADVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT IS YOUR GENERAL ATTITUDE ABOUT STUDENT ACTIVITIES AND STUDENT SERVICES AS THEY RELATE TO THE ACADEMIC PROGRAM?				

STATEMENT OF PHILOSOPHY OF EDUCATION

(Applicable to personnel applying for Instructional position only)

STATE YOUR EDUCATIONAL PHILOSOPHY BRIEFLY AND CLEARLY, ESPECIALLY AS IT RELATES TO NEW MEXICO MILITARY INSTITUTE, A STATE EDUCATIONAL INSTITUTION FEATURING HIGH SCHOOL DIVISION AND A JUNIOR COLLEGE DIVISION THAT OPERATES IN A MILITARY ENVIRONMENT.

REFERENCES

LIST BELOW THE NAMES, ADDRESSES, AND PHONE NUMBERS OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS (Include Zip)	PHONE	RELATIONSHIP	YEARS KNOWN

OTHER PERTINENT INFORMATION/COMMENTS

WORK ELIGIBILITY

(Please initial)

I understand that employment at New Mexico Military Institute is contingent upon and expressly subject to the applicant's successful eligibility to work in the United States.

BACKGROUND INVESTIGATIONS POLICY

New Mexico Military Institute may conduct work history, education history and/or reference investigations, to include internet searches, on each candidate recommended for hire, including but not limited to, substitutes and temporaries. Each candidate will be subject to a criminal background investigation, including mandatory fingerprinting, as a condition of further consideration for employment.

Any employment offer is contingent upon, and expressly subject to the satisfactory completion of all background investigations. It is further understood and agreed that if the results of any such background checks are not satisfactory in the sole discretion of New Mexico Military Institute, NMMI may provide a written notice of the withdrawal of its offer and the applicant shall not be entitled to any further process or procedure.

Criminal convictions shall not automatically bar an applicant from obtaining employment with NMMI, but pursuant to the Criminal Offender Act, NMSA 1978, 28-2-4 and 28-2-5 may be the basis for refusing employment.

Background investigation documentation and any other information deemed appropriate and necessary will be maintained pursuant to NMMI O&P manual.

I understand and agree that my offer of employment that I may receive, or have received, from New Mexico Military Institute, is conditioned by law upon the Institute's receipt of information pursuant to a fingerprint-based check of my personal and professional history. I further understand, and agree, that any offer of employment that may be made by NMMI may be withdrawn immediately upon written notice by NMMI, without further process, on the basis of omissions or false statements in this affidavit or any additional information requested by NMMI, consistent with any statement or omission made by me on this affidavit or subsequent requests for information.

I authorize New Mexico Military Institute to check my personal and employment history, including without limitation, evaluation, criminal arrest and conviction records, reference checks and release of investigatory information possessed by any private or public employer of any state, local, or federal agency. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against NMMI, its agents and officials or any provider of such information.

I understand that all terms of employment or offer of employment are conditional until the required background investigation is complete. I have read this authorization and release of all claims, and I expressly agree to the terms set forth herein.

I understand and agree that any and all medical information provided to NMMI during the course of my employment will be accurate and complete. Knowingly and willfully concealing information or making a false representation of a medical condition will result in no compensation payable by NMMI for an injury under the provisions of the Worker's Compensation Act. This applies if NMMI was not aware of the concealed information, and if known, that information would have been a substantial factor in the initial or continued employment of the individual or if NMMI relied upon the false representation and the reliance was a substantial factor in the initial or continued employment and if the medical condition that was concealed or falsely represented substantially contributed to the injury or disability.

Signature _____ Date _____

Printed Name _____ Social Security Number _____

State of ()

County of ()

Subscribed and sworn to before me this _____ Day of _____, 20_____.

My Commission Expires _____ Notary Public _____

(SEAL)