

JAL PUBLIC SCHOOLS

P.O. BOX 1386

JAL, NM 88252

PHONE (575) 395-2101 FAX (575) 395-2146

Application for Administrator

This application for employment will be inactive after 90 days.

If you want to be considered after that time, you must complete a new application for employment.

I. PERSONAL

Date: _____

Name _____
Last First Middle

Address _____

Telephone () _____

Prior Administrative Experience? _____ Yes _____ No

II. PRESENT POSITION

Please respond to each item. If you are not currently employed in a public school position, list your current position – not the most recent school position – and provide as complete information as possible.

Are you presently employed? _____ Yes _____ No

Title _____ Since _____

Employee Institution _____ Phone _____

Address _____
Street/PO Box City State Zip

Total Pupils Enrolled _____ Number of Certified Staff _____

Length of Present Contract _____ Expiration Date _____

Date Available _____

Reason for leaving most recent position _____

Name of immediate supervisor _____

Total Years as an Administrator: _____

IV. EXPERIENCE

List below only full-time paid positions you have held at least one semester beginning with your most recent.

Name and Address of School	Grade or Subject Taught	Dates From-To	Name and Present Address of Superintendent

List earlier experience below:

Name and Address of School	Grade or Subject Taught	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three (3) references: former professors, teachers, or anyone knowing you.

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

