

# JAL PUBLIC SCHOOLS

P.O. BOX 1386

JAL, NM 88252

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

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## Application for Secretary

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.

### PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Number Of Dependent Children \_\_\_\_\_

### SKILLS

Accounting \_\_\_\_\_

\_\_\_\_\_

Computer Software/Programs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE (start with most recent)

Place of Employment	From-To	Supervisor	Address or Phone Number

Present Salary \_\_\_\_\_

Salary Expected \_\_\_\_\_

**EDUCATION**

	Name and Address of School	Date of Graduation	Hours Earned
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
COLLEGE/ UNIVERISTY			

Please list three (3) references; former employees or someone who knows you professionally.

NAME

ADDRESS

TITLE

_____	_____	_____
_____	_____	_____
_____	_____	_____

I could begin work \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant