

Certified Application for J. Paul Taylor Academy

Name: _____ Date: _____

Address: _____

E-mail: _____

Phone Number(s): _____

List of all post-secondary schools attended

Name and Location of School	Dates Attended	Degree? If yes, what degree?	Contact Person and Phone Number

Do you currently hold a New Mexico License? Yes No Lic Num: _____

Do you currently hold a license in any other state(s)? States: _____

Check areas of Certification and Specialization:

Elementary: ___ Secondary: ___ K-12: ___ Early Childhood: ___
 Administrative Lic: ___ Bilingual: ___ ESL: ___ Special Education: ___
 Counseling: ___ Nursing: ___ Health: ___ Social Studies: ___
 Language Arts: ___ Math: ___ Science: ___
 Reading: ___ Art: ___ Music: ___
 Other: _____

Professional Work Experience

Employer and Address	Dates Employed	Immediate Supervisor	Position	Reason for Leaving

Verification

- Are you currently authorized to work in the United States? Yes No
Have you ever been convicted of a felony or misdemeanor? Yes No
Have you ever pleaded guilty to a felony or misdemeanor? Yes No

I certify that the information contained in this application is true, accurate and complete, to the best of my knowledge and belief. I understand that any misrepresentation or willful omission of facts shall result in disqualification.

I authorize the J. Paul Taylor Academy to investigate my work and education history.

I release any person or entity providing information or records in accordance with this agreement from any and all claims or liability for compliance.

Signature _____ **Date:** _____