

ANCILLARY APPLICANT INFORMATION NEEDED

NAME: _____ **POSITION:** _____

Please include a copy in this folder:

- ___ Application
- ___ NMPED Fingerprint Release Form
- ___ State Department of Education License (PED)
Lic. # and Exp _____
- ___ State Regulation and Licensing Board License
Lic. # and Exp _____
- ___ NM Medicaid number (if applicable): _____
- ___ National Provider Identifier (NPI) (if applicable): _____
- ___ Professional Certificates (if you have them)
- ___ Driver's License *and* Social Security Card; **OR** passport
- ___ Resume
- ___ Transcripts (unofficial okay for our file)

Upon receipt of official employment offer:

- ___ W – 4*
- ___ I – 9* (Do Not Sign Until First Day of Work)
- ___ Benefits Checklist Form*
- ___ Emergency Contact Form
- ___ Referral Information
- ___ Direct Deposit Slip*
- ___ Voided Check*
- ___ Ancillary Handbook Acknowledgement
- ___ EEOC Survey

For CES Office only:

- | | |
|-----------------------------------|--|
| ___ References | ___ Online Trainings |
| ___ Contract Signed | ___ www.ces.org/staff-resources.aspx |
| ___ FBI Clearance Form | ___ Paperwork to HR |
| ___ Entered in Portal | ___ Hourly Wage: |
| ___ Email Added to Outlook | ___ First Day of Work |



Full Name: _____

Address: _____

Phone: () - _____

Email: _____

Position Applying For: _____

Social Security Number: _____ - - _____

DOB: _____

How did you hear about us? _____

Have you ever been employed by CES before? _____

Do you know anyone who works for CES? If so, who? _____

Desired Start Date: ___ / ___ / _____ Full Time or Part Time? _____

Preferred region/area of NM? _____

I certify that all answers given are true and correct.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information provided by me in this application, supporting documents, or during my interview(s) may result in discharge. I understand that withholding relevant or material information may, also, result in discharge. Furthermore, I understand that I am required to abide by all policies, rules, and regulations, of the employer.

Signature

Date

A complete resume with past employment and educational background must be attached to this application



PROFESSIONAL REFERENCE 1

Name: _____

Email: _____

Phone #: () - _____ OR () - _____

PROFESSIONAL REFERENCE 2

Name: _____

Email: _____

Phone #: () - _____ OR () - _____

PROFESSIONAL REFERENCE 3

Name: _____

Email: _____

Phone #: () - _____ OR () - _____



STATE OF NEW MEXICO
 PUBLIC EDUCATION DEPARTMENT — JERRY APODACA EDUCATION BUILDING
 EDUCATOR ETHICS BUREAU
 300 DON GASPAR
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www.ped.state.nm.us

HANNA SKANDERA
 SECRETARY OF EDUCATION

SUSANA MARTINEZ
 GOVERNOR

Authorization to Release Copy of FBI Background Check Report

****REQUIRED FIELDS****

Date ** _____

File# _____

** Social Security# _____

I ** _____ would like to formally request a copy of my FBI Background Check Report.
 (Please print name)

I would like the copy sent to my mailing address or employing New Mexico school district:
Please make sure instructions are clear and legible.

** C/O Cooperative Educational Services
4216 Balloon Park Road NE
Albuquerque, NM 87109
 Email: _____

**

Applicant's Signature (Copy will NOT be released without a Signature)

Return Completed Form to the:
 NM Public Education Department
 Licensure Background Check Unit
 300 Don Gaspar Rm. # 105
 Santa Fe, NM 87501
OR Fax completed form to: 505-827-6447

PLEASE NOTE – EFFECTIVE OCTOBER 5, 2009: A copy of an FBI Criminal History Report will not be released to an individual without a valid, legible, photo ID that bears the requestor's signature.

- *The photo ID must be one of the following: valid US state vehicle operator's license, valid passport, valid US military ID.*
- *If requesting by mail, include on a separate page a legible copy of the individual's photo ID.*
- *ID copy is not required if the copy is being sent to a NM school district.*
- *Background check report will not be released to an out of state agency*

Referral Information

We would appreciate you providing us with the following information:

Name:

How did you hear about CES?

If you were **referred** by a CES staff member, please give us their name:

If applicable, please indicate the name of the ancillary staff member who **interviewed** you:
