

**CAFETERIA POSITION APPLICATION**  
**(Please type or print in ink)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last                    First                    Middle

Address: \_\_\_\_\_  
                     Street/PO Box  City                    State                    Zip

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age (if under 18 or over 65): \_\_\_\_\_ US Citizen: Yes  No

**EDUCATION:**

	Name & Location of School	Dates of Attendance	Degree & Year
Elementary    1 2 3 4 5 6			
Secondary    7 8 9 10 11 12			
College or Trade School 13 14 15 16			

If not a high school graduate, do you have a GED Certificate? Yes  No

FOOD HANDLERS CERTIFICATE? YES  NO  EXPIRES: \_\_\_\_\_

OTHER CERTIFICATES: \_\_\_\_\_

**(X) THE COURSES COMPLETED AND FILL IN THE YEAR OF COMPLETION:**

- 19\_\_\_ SANITATION AND SAFETY
- 19\_\_\_ QUANTITY FOOD PREPARATION I
- 19\_\_\_ QUANTITY FOOD PREPARATION II
- 19\_\_\_ NUTRITION IN SCHOOL LUNCH
- 19\_\_\_ PLANNING THE SCHOOL LUNCH
- 19\_\_\_ FOOD SERVICE ORGANIZATION & MANAGEMENT I
- 19\_\_\_ FOOD SERVICE ORGANIZATION & MANAGEMENT II
- 19\_\_\_ PURCHASING OF QUALITY FOODS
- 19\_\_\_ OTHERS: (Specify) \_\_\_\_\_

REFERENCES:

Give the names and addresses of three persons, other than relatives, that we may contact who have knowledge of your character, experience and ability.

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EXPERIENCE:

List positions held during the past ten years. Use additional sheets if necessary.

Name & Address of Employer	Immediate Supervisor	Position Held	Dates of Employment

This application will be placed on file for consideration when vacancies arise. It should be complete and accurate.

The Dexter Consolidated Schools states its intent to comply with the spirit of the law and regulations Title IX issued by the United States Department of Health, Education and Welfare which prohibits discrimination on the basis of sex in education programs or activities which receive federal funds extending to employment and administration of such programs and activities. No applicant will be discriminated against because of race, color, handicap, national origin, sex or age.

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

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY:

\_\_\_\_\_  
Interviewed by

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewed by

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Dexter Consolidated Schools**  
**P.O. Box 159**  
**Dexter, NM 88230**  
**Ph (505) 734-5420 Fax (505) 734-6810**

**AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE**  
(to be completed by Applicant)

I hereby certify that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of my employment. Failure to provide all or part of the information requested may result in the refusal of the Dexter Consolidated School District to further consider me for possible employment.

I hereby authorize the Dexter Consolidated School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School District will send a copy of this Agreement and Authorization to each individual or entity from whom it is seeking a reference or background information.

I hereby authorize the party receiving a copy of this signed form (including a photocopy or facsimile copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information.

I hereby release any person or entity providing information or records in accordance with this "Agreement, Authorization, Waiver, and Release" from any and all claims or liability for compliance.

I AM ALSO WAIVING ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING EMPLOYMENT-RELATED INFORMATION—INCLUDING BUT NOT LIMITED TO INFORMATION CONCERNING MY BACKGROUND, WORK HISTORY, AND DISCIPLINARY HISTORY—TO THE SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that, if I am considered as a finality for; or I am actually recommended for employment, I will submit to a criminal background investigation, including mandatory fingerprinting, at my expense, to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the School District; but, pursuant to Section 22-10-3.3, NMSA 19778, and the Criminal Offender Employment Act (NMSA, 1978, Section 28-2-1, et.seq.), such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon, and expressly subject to, the satisfactory completion of all background checks. I further understand and agree that, if the results of any such background check are not satisfactory in the sole discretion of the District, that the District may provide me written notice of the withdrawal of its offer, and that I shall be entitled to no further process or procedure.

I understand that the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization is confidential, for the exclusive use of the Dexter Consolidated School District and its agents for employment decisions, and will not be transferred to any other entity without my written authorization unless required to be disclosed upon request by either New Mexico or federal law.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

