



Taos Municipal Schools

310 Camino De La Placita

Taos, NM 87571

(575)758-5208 phone

(575)758-5298 fax

Certified Employment Application

Applicant Information

Taos Municipal Schools is an equal opportunity employer, and does not discriminate on the basis of race, sex, color, national origin, religion, or disability. Please notify us if you require any accommodations to complete this application or during the application process.

Full Name: _____ Social Security #: _____
Last First M.I.

Address: _____
Mailing Address

City State ZIP Code

Phone: _____ Email: _____

Position Desired: _____

Check all that apply: Administrator Teacher Counselor Nurse Other _____

List specific grade levels/subject areas/assignments you are qualified to perform, in order or preference.

Date of availability: _____

Applicants must completed this application entirely and provide all information requested. Incomplete applications will not be considered.

- *The provision of any false, incomplete, or misleading statements on this application, on any other documents submitted with it, or as part of any other phase of the employment process, will result in the applicant's disqualification or discharge, regardless of when the misrepresentation or omission occurred.*
- *All applicants, including those for a substitute or temporary position are subject to work history and education history checks, and to reference investigations. Finalists will also be required to complete a criminal background check investigation, including mandatory fingerprinting, at the applicant's expense, as a condition of further consideration for employment.*
- *All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, but pursuant to the Criminal Offender Employment Act, NMSA 1978 " 28-2-4 and 28-2-5, may be a basis for refusing employment.*
- ***Applications for employment will become inactive after ninety (90) days. If you would like to be considered for employment after that time, you will be required to complete a new application for employment.***

I have read and understand the foregoing: _____

Applicant's Signature

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate?: Yes No

College/University: _____ Address: _____

From: _____ To: _____ Did you Graduate?: Yes No Degree: _____

College/University: _____ Address: _____

From: _____ To: _____ Did you Graduate?: Yes No Degree: _____

College/University: _____ Address: _____

From: _____ To: _____ Did you Graduate?: Yes No Degree: _____

Training and special skills

Student Teaching Experience (must be completed if applicant has completed fewer than three fewer consecutive school years in education)

School Name _____ Address: _____

From: _____ To: _____ Grades or Courses: _____

Name of supervisor: _____

School Name _____ Address: _____

From: _____ To: _____ Grades or Courses: _____

Name of supervisor: _____

School Name _____ Address: _____

From: _____ To: _____ Grades or Courses: _____

Name of supervisor: _____

Language skills (other than English)

Language: _____ Speak: Yes No Read: Yes No Write: Yes No

Language: _____ Speak: Yes No Read: Yes No Write: Yes No

Certification

STATE: _____ CERTIFICATE #: _____ ENDORSEMENTS: _____

STATE: _____ CERTIFICATE #: _____ ENDORSEMENTS: _____

STATE: _____ CERTIFICATE #: _____ ENDORSEMENTS: _____

Previous Employment History

Include all employers since high school or most relevant experience to position applying for. Account for any gaps in employment history. If self-employed give name and address of business and name and telephone number of business reference; If unemployed give address and telephone number during period of unemployment.

Employer Name: _____ Employer telephone# : _____

Employer address: _____

Dates of employment: FROM _____ TO _____ Position Held: _____

Immediate Supervisor: _____ Reason for leaving: _____

Employer Name: _____ Employer telephone# : _____

Employer address: _____

Dates of employment: FROM _____ TO _____ Position Held: _____

Immediate Supervisor: _____ Reason for leaving: _____

Employer Name: _____ Employer telephone# : _____

Employer address: _____

Dates of employment: FROM _____ TO _____ Position Held: _____

Immediate Supervisor: _____ Reason for leaving: _____

(Continue on separate sheet if necessary)

Employment History Affidavit

To the Applicant:

Most positions with the District involve contact with our student population. You must provide the information requested below to help us evaluate your suitability to perform in this capacity. As the rest of this application, any misrepresentation or omission of fact may be grounds for disqualification or discharge, regardless of when the misrepresentation or omission is discovered.

An affirmative answer provided by you on this insert is NOT an automatic bar to employment. The district will consider the nature of any alleged conduct underlying an affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the alleged conduct underlying the affirmative response and the position for which you are applying.

I, _____, being an applicant for, or having been offered, a position with the District, certify that this document is true, accurate, and full disclosure of my professional background history.

SECTION A (Please check the appropriate "yes" or "no" box the following questions)

- 1. Are you presently being investigated or under procedure to consider your discharge for misconduct by your present employer or if you offered a resignation, your previous employer? Yes No
- 2. Have you ever been reprimanded for misconduct? Yes No
 Have you ever been disciplined for misconduct? Yes No
 Have you ever been discharged for misconduct? Yes No
 Have you ever resigned, or been asked to resign, from a prior position for misconduct? Yes No
- 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of inappropriate sexual contact with another person? Yes No
 Or involving your employer's investigation for sexual abuse of another person? Yes No

NOTE: If you have answered yes to any of the questions above, please attach sheet(s) explaining in detail. Include the date of the misconduct in question, and sign and date each sheet in the upper right corner.

I understand and agree that any offer of employment that I may receive, or have received, from the District is conditioned upon the district's receipt of information pursuant to a check of my professional history. I further understand and agree that I may be terminated by the district immediately if any information contained in this affidavit is inaccurate or if any information received by the District is inconsistent with any statement made by me on this affidavit.

I authorize the district to check my employment history, including without limitation, evaluations, reference checks, and release of investigatory information possessed by any private or public employer of any state, local, or federal agency. In connection with any request for or provision of such information, I expressly waive any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the District, its agents and officials, or any provider of such information.

I understand that all terms of employment or offers of employment are conditional until the required employment investigation is complete. I have read this authorization and release of all claims, and I expressly agree to the terms set forth herein.

Applicant Signature: _____ Date: _____

State of _____)
County of _____) ss.

Subscribed and sworn to before me this _____ day of _____, 2019

My Commission Expires
(SEAL)

Notary Public

General

I have been known by the following other names: _____

Are you a citizen of the United States? Yes No

If not, are you authorized to work in the United States? Yes No

If hired, can you supply required documentation to verify your lawful right to work in the United States?
 Yes No

Have you ever worked for this District? Yes No If yes, when? _____

Are any of your relatives employed by this District? Yes No

Name: _____ Position: _____

By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to the best of my knowledge.

Signature: _____ Date: _____

References

Please list three **professional** references:

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Taos Municipal Schools
310 Camino De La Placita
Taos NM, 87571

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

I hereby certify that the information contained in the 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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Taos Schools District to further consider my application.

I hereby authorize the District and its agents to investigate my work history and education history and to conduct personal inquiries, I understand that the 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 of 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 OR 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 DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist for, or if I am 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 District, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, '28-2-1, et seq.), such convictions may be 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 with written notice of the withdrawal of this 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 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 wither New Mexico or federal law.

Signature: _____ Date: _____

Printed Name: _____