

FORT SUMNER MUNICIPAL SCHOOLS

P.O. BOX 387

Ft. Sumner, New Mexico 88119

Phone: 575-355-7734 FAX: 575-355-7716

-----For Personnel Office Use Only-----

<input type="checkbox"/> Placement File	<input type="checkbox"/> N.M. License
<input type="checkbox"/> NMTA Scores	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Signed Release	<input type="checkbox"/> Background Check
<input type="checkbox"/> Appl. Complete	<input type="checkbox"/> Ref Letter Mailed

School Year: _____

Date Received: _____

Date Updated: _____

Certified Application

NOTE: Application will remain active for one year from date received.

Applicants Full

Name _____
(Last) (First) (MI) (Maiden Name)

Other Name(s) _____

(Please provide any other information relative to change of name, use of an assumed name or nickname, necessary to enable a check on your work or school record)

Current Mailing Address _____
(Street) (City) (State) (Zip)

Alternate Mailing Address _____

Telephone Numbers:

Current _____ Alternate: _____ Work: _____

E-Mail: _____ Social Security Number: _____

CERTIFICATION/LICENSURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment (NMTA)? _____

If not, indicate where you are in this process: _____

Year of Expiration of New Mexico Certificate/License: _____
(Also, please attach photocopy of license)

LIST ALL ENDORSEMENTS: _____

B. If you have been issued a certificate/license in another state(s), enclose a photocopy. Copy enclosed: No Yes

State _____ Expiration Date _____ Licenses/Endorsements _____

State _____ Expiration Date _____ Licenses/Endorsements _____

C. Have you taken a teacher qualifying test in another state? No Yes Do you have passing scores? No Yes

MARK THE BOXES TO INDICATE POSITIONS FOR WHICH YOU DESIRE AND ARE/CAN BE LICENSED TO FILL

<input type="checkbox"/> Elementary Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Library/Media
<input type="checkbox"/> Secondary Teacher	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Counselor
<input type="checkbox"/> Special Ed. Teacher	<input type="checkbox"/> Other _____	

CONFLICT OF INTEREST: Please list any relative(s) you have who serve on the Ft Sumner Board of Education or who are employed by the Fort Sumner Municipal Schools: _____

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Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

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FORT SUMNER MUNICIPAL SCHOOLS
P.O. BOX 387
FT SUMNER, NEW MEXICO 88119
PHONE: 575-355-7734 / FAX: 575-355-7716
AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE
(To be completed by Applicant)
A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE
MAY BE SENT TO ALL REFERENCES.

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 fact 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 might result in the refusal of the Fort Sumner Municipal Schools to further consider me for possible employment.

I hereby authorize the Fort Sumner Municipal Schools and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Fort Sumner Municipal Schools will send a copy of this Agreement and Authorization to each individual or entity from which it is seeking a reference or background information.

I hereby authorize the party receiving a copy of this signed form (including 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 FORT SUMNER MUNICIPAL SCHOOLS UNDER A GUARANTEE OF CONFIDENTIALITY.**

I understand and agree that if I am considered as a finalist 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 the Criminal Offender Employment Act of New Mexico (NMSA 1978, 28-2, et seq.), such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon the satisfactory completion of all background checks.

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 Fort Sumner Municipal Schools 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

SOCIAL SECURITY NUMBER

It is the policy of the Fort Sumner Municipal Schools to provide equal opportunity in employment or the provision of services to all employees and applicants for employment. No person shall be discriminated against in employment because of such individual's race, religion, color, age, sex, marital status, national origin, or disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the Superintendent that an accommodation is needed.

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (list chronologically)

EDUCATION/TRAINING	NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRADUATED (COLLEGE ONLY)	SCHOOL CONTACT (NAME/PHONE)

HOW MANY SEMESTER HOURS HAVE YOU EARNED AFTER YOUR HIGHEST DEGREE WAS GRANTED?

STUDENT TEACHING EXPERIENCE

STUDENT TEACHING	FROM MM/YY	TO MM/YY	SUBJECT GRADE/LEVEL	COOPERATING TEACHER	SCHOOL	SCHOOL ADDRESS CITY/STATE	PHONE NUMBER	
	UNIVERSITY SUPERVISOR		UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE			PHONE NUMBER	

ESTIMATE THE NUMBER OF SEMESTER HOURS OF COLLEGE CREDIT FOR EACH SUBJECT LISTED BELOW

- | | | | |
|---------------------|------------------|-----------------------|-----------------------|
| ___ AGRICULTURE | ___ ART | ___ BAND | ___ BILINGUAL ED |
| ___ BIOLOGY | ___ BUSINESS ED. | ___ CHEMISTRY | ___ COMPUTER |
| ___ DRAMA/THEATER | ___ ENGLISH | ___ ESL | ___ FRENCH |
| ___ GOVERNMENT | ___ HEALTH | ___ HISTORY | ___ F.A.C.S. |
| ___ INDUSTRIAL TECH | ___ JOURNALISM | ___ KINDERGATEN/PRE-K | ___ LANG. ARTS (GEN) |
| ___ LIBRARY SCIENCE | ___ MATHEMATICS | ___ MUSIC (VOCAL) | ___ MUSIC (INSTRUMNT) |
| ___ PHYSICAL ED. | ___ PHYSICS | ___ SPEECH | ___ PSYCHOLOGY |
| ___ READING | ___ SCIENCE GEN. | ___ SOC ST. (OTHER) | ___ SOCIOLOGY |
| ___ SPANISH | ___ SPECIAL ED. | ___ TECHNOLOGY | ___ VOCATIONAL ED. |

Indicate below the level/subject combinations in which you prefer to work and are qualified to work.

Elementary (Pre-school through Grade 6)
 Circle top three choices Pre-K K 1 2 3 4 5 6 No Preference

Middle School/Junior High School (Grades 7-9)
 List Subject area(s) preference 1st _____ 2nd _____ 3rd _____

High School (Grades 10-12)
 List Subject area(s) preference 1st _____ 2nd _____ 3rd _____

Special Education (Circle top two choices): Lower Elem. Upper Elem. Jr. High High School No Preference

Coaching: Circle B (boy) and/or G (girl) to indicate Sport Preferences.

Baseball	B	Golf	B	G	Tennis	B	G	Cheerleaders	Newspaper	
Basketball	B	G	Soccer	B	G	Track	B	G	Debate	Speech
Cross Country	B	G	Softball	G	Volleyball	G		Dramatics	Student Council	
Football	B	Swimming	G					Drill Team	Yearbook	

Administration (Circle School Level Preference): Elementary Middle High School Central Office No Preference

OTHER: _____

CREDIT HOURS

POSITION PREFERENCE

WORK EXPERIENCE AND REFERENCES

Please account for all years following the completion of high school or grade last attended, beginning with the MOST CURRENT. Be sure to list any breaks in employment and state the reason. If any years are unaccounted for, your application may not be considered. If necessary, please attach a separate sheet. If you have more than one reference for an employer, please list names under supervisor column. (You may attach a vita/resume with this information, but be sure to include ALL the information that is requested on this form.)

DATES		EMPLOYER NAME AND COMPLETE MAILING ADDRESS	POSITION TITLE GRADE LEVEL SUBJECT	TITLE & FULL NAME OF SUPERVISOR	PHONE NUMBER OF SUPERVISOR	NAME IN RECORDS AT THIS SITE	REASON FOR LEAVING
FROM MM/YY	TO MM/YY						

FT* = Full Time employment PT* = Part time employment

List three most recent references. Include Supervisors, principals, superintendents, or others for whom you have worked who have firsthand knowledge of your character, personality, and demonstrated competence for the position(s) for which you are applying. Provide ALL information necessary to allow us to contact these references.

NAME OF REFERENCE	POSITION/RELATIONSHIP	COMPLETE MAILING ADDRESS	PHONE

ELIGIBILITY: Are you a U.S. Citizen, or are you eligible to work in the U.S.? | | Yes | | No

CRIMINAL HISTORY AFFIDAVIT

Dear Applicant: Most positions with the Ft Sumner Municipal Schools (FSMS) involve contact with our student population. We ask that you provide information on this form to help us evaluate your suitability to perform in this capacity. Pursuant to New Mexico State Statutes, all applicants for employment are expected to provide us with this information. *This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or from termination of employment regardless of when the misrepresentation or omission is discovered.*

I, _____, **being an applicant for, or having been offered, a position**
PRINT FULL NAME
with the FSMS, and being duly sworn according to law, certify that this document is a true, accurate, and full disclosure of my personal and professional background history.

The conviction of a crime or any affirmative answer provided by you on this insert is NOT an automatic bar to employment. The FSMS will consider the nature of any conviction or alleged conduct underlying the affirmative response and the position for which you are applying.

SECTION 1 (Check ONE of the following two statements)

_____ I certify that I am not awaiting trial on, I have never been convicted of, and/or have never admitted committing, any of the offenses described in this document in this state or any similar offense or offenses in any other jurisdiction and that I have never been put on, and am not currently on, probation in this jurisdiction or any other jurisdiction.

OR

_____ I certify that the statements I attach to this form (see NOTE at bottom of Section II on reverse side of this sheet) give a true, accurate, and full account of any offenses described in this document that I may have committed or been charged with in this state or any other jurisdiction.

SECTION II (Please check "yes" or "no" for the following questions)

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?	_____ Yes _____ No
2. Have you ever been reprimanded, disciplined, discharged, or 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 employers investigation of sexual contact with another person, of mishandling funds, or of criminal conduct?	_____ Yes _____ No
4. Have you ever been convicted of a sex-or-drug-related offense?	_____ Yes _____ No
5. Have you ever been charged with, or investigated for sexual abuse of another person?	_____ Yes _____ No
6. Have you ever been charged with, pled guilty, or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse or any person or any other crime?	_____ Yes _____ No
7. Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense?	_____ Yes _____ No

NOTE: If you have answered yes to any of the previous seven questions, please attach sheet(s) explaining in detail. Include the date of the charge, the court action, the offense in question, and the address of the court involved, and the sign and date each sheet in the upper right hand corner.

The crimes referred to in this document include, but are not limited to:

- | | | |
|-----------------------------------|-----------------------------|---|
| 1. Sexual abuse of a minor | 11. Enticement of a child | 21. Abandonment or abuse of a child |
| 2. Sexual conduct with a minor | 12. Sexual assault | 22. Delivery to a minor of drug paraphernalia |
| 3. Sexual exploitation of a minor | 13. Kidnapping | 22. Contributing to the delinquency of a minor |
| 4. Criminal sexual conduct | 14. Arson | 24. Sale, delivery, display of sexually oriented material |
| 5. Voluntary manslaughter | 15. D. U. I./D. W. I | 25. Distribution of a controlled substance |
| 6. Burglary or robbery | 16. Patronizing Prostitutes | 26. Dangerous crime against a child or children |
| 7. Molestation of a child | 17. Incest | 27. Commercial sexual exploitation of a minor |
| 8. Promoting prostitution | 18. Prostitution | 28. Trafficking controlled substances |
| 9. Criminal sexual penetration | 19. Murder | 29. Criminal sexual contact of a minor |
| 10. Aggravated assault of a minor | 20. Indecent Exposure | 30. Accepting earnings of a prostitute |

I understand and agree that any offer of employment that I may receive, or have received, from the FSMS is conditioned by law upon the District's receipt of information pursuant to a fingerprint-based check of my personal and 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 FSMS is inconsistent with any statement made by me on this affidavit.

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

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

SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

My Commission Expires
(SEAL)

Notary Public

**FORT SUMNER MUNICIPAL SCHOOLS
CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE**

I, _____ [applicant's name], have applied for employment with the Fort Sumner Municipal Schools to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to see any written reference or other information provided to the School District by any educational institution.

I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 20____.

Witness Signature

Applicant