

MAXWELL MUNICIPAL SCHOOL
P.O. BOX 275
MAXWELL, NM 87728

APPLICATION FOR EMPLOYMENT

APPLICATION INSTRUCTIONS: If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in reasonable amount of time 1) Please read "APPLICANT NOTE."
2) Complete this form in its entirety. 3) If more space is needed to complete any question, use the back. 4) Print clearly, incomplete or illegible applications will not be processed. 5) Some packets may have an attached **AFFIRMATIVE ACTION QUESTIONNAIRE**. This information is being gathered for affirmative action under Section 503 of the rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An application will not be subject to any adverse treatments for refusing to complete the questionnaire.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of ethnic background, race, color, religion/creed, sex, sexual orientation, national origin, political affiliation, marital status, age or disability. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on school policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the school. **This application will be kept on file only until the position is filled.**

Date: _____ Social Security # _____ Phone # _____

Have you used any Names or Social Security Numbers other than those on this page?
If so please list. _____

Name _____
Last First Middle

Present Address _____
Bus/Rural Route City State Zip

Physical Address (If different) _____
Phone # _____

Position(s) Applying for _____

Education Background Information (Begin with most recent)

Name and Location of Schools Attended	Dates Inclusive	Degree	Major	Minor
+	+	+	+	+
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NM Teaching/Educational Asst./Substitute License # _____

Teaching Endorsements _____

Level ___ I ___ II ___ III (check one) Year's of Teaching Experience _____

Professional, Civic Organizations, and Activities:

Employment Record (Begin with the most recent)

1) Name of Employer _____

Address _____

Reason for Leaving _____

Phone Number _____

Position _____

Dates Inclusive _____

2) Name of Employer _____

Address _____

Reason for Leaving _____

Phone Number _____

Position _____

Dates Inclusive _____

3) Name of Employer _____

Address _____

Reason for Leaving _____

Phone Number _____

Position _____

Dates Inclusive _____

List states and counties that you have lived. _____

State briefly why you desire this position. _____

What activities would you most be interested in and would like to sponsor? _____

References: (other than employers listed above)

Name	Phone	Address	Position
+++++			

Signature of Applicant _____

The Maxwell Municipal School District prohibits unlawful discrimination in employment because of ethnic background, race, color, religion/creed, sex, sexual orientation, national origin, political affiliation, marital status, age or disability

References: (other than employers listed above)

Name	Phone	Address	Position
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Signature of Applicant _____

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*Insert to Employment Application
CRIMINAL HISTORY AFFIDAVIT
Applicant/New Employee*

Dear Applicant:

Most positions with the NMSD involve contact with our student population. We ask that you provide the information on this form to help us evaluate your suitability to perform in this capacity. Pursuant to New Mexico State Statute, 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 for termination of employment regardless of when the misrepresentation or omission is discovered.

I, _____, being an applicant for, or having been offered, a position with the Maxwell Municipal School District, and being duly sworn in 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 ban to employment, The NMSD will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your interviewing conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

Section I (check ONE of the following statements)

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

OR

_____ I certify that the statements (see NOTE at bottom of Section II) attached in this form give a true, accurate, and full account of any offense described in this document that I may have committed or being charged with in this state or any other jurisdiction.

SECTION II (please check the appropriate "yes" or "no" box for the following questions)

1.	<i>Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or if you offered a resignation, your previous employer</i>	<i>__yes __no</i>
2.	<i>Have you ever been reprimanded, disciplined, discharged, or asked to resign from your prior position?</i>	<i>__yes __no</i>
3.	<i>Have you ever resigned from prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling of funds, or of criminal conduct?</i>	<i>__yes __no</i>
4.	<i>Have you ever been convicted of a sex or drug related offense?</i>	<i>__yes __no</i>
5.	<i>Have you ever been charged with or investigated for sexual abuse of another person?</i>	<i>__yes __no</i>
6.	<i>Have you ever been charged with, pled guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime?</i>	<i>__yes __no</i>
7.	<i>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 defended further proceedings without entering a finding of guilty and placed on probation or in a public service or education program for any crime other than a minor traffic offense?</i>	<i>__yes __no</i>

NOTE: If you answered yes to any of the previous seven questions, please attach a 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 sign and date each sheet in the upper right hand corner.

The crimes referred to in this document include but are limited to:

- | | | |
|--|--|--|
| <i>1. Sexual abuse of a minor</i> | <i>7. Commercial sexual exploration of a minor</i> | <i>13. First or second degree murder</i> |
| <i>2. Incest</i> | <i>8. A dangerous crime against a child</i> | <i>14. Voluntary manslaughter</i> |
| <i>3. Sexual assault</i> | <i>9. Child Abuse</i> | <i>15. Kidnapping</i> |
| <i>4. Sexual exploitation of a minor</i> | <i>10. Molestation of a child</i> | <i>16. Arson</i> |
| <i>5. Contribution to the delinquency of a minor</i> | <i>11. Sexual contact with a minor</i> | <i>17. Burglary or Robbery</i> |
| <i>6. Distribution of marijuana or dangerous drugs</i> | <i>12. Aggravated assault of a minor</i> | <i>18. DUI/DWI</i> |

I understand and agree that any offer of employment that I may receive, or have received from the Maxwell Municipal School District is conditional by law upon the district's receipt of information pursuant to a finger print 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 the NMSD is inconsistent with any statement made by me on this affidavit.

I authorize the Maxwell Municipal School District to check my personal and employment history, including without limitation, evaluations, criminal arrest and conviction record reference check, and release of investigatory information possessed by any public employee of any state, local, or federal agency. I expressly waive in connection with a request for provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that might otherwise have against the NMSD, 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 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 #

+++++

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 200__

My Commission Expires

Notary Public

MAXWELL MUNICIPAL SCHOOLS

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

A. Applicant Certification.

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 School District to further consider me for possible employment.

B. Authorization for Reference Checks.

I hereby authorize the 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.

C. Waiver and Release as to Reference Checks.

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.

D. Criminal Background Checks.

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered 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, §28-2-1, 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, the District may provide me written notice of the withdrawal of its offer of employment, and that I shall be entitled to no further process or procedure.**

E. Public Disclosure of Applicant Names and Application Materials.

I understand that, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization may be subject to disclosure to persons outside the School District, including the media, to the extent such information is not

expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPPA). (Results of criminal background checks, if requested are privileged and protected from public disclosure.)

As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.

Signature of Applicant

Date

Printed Name of Applicant