

**JEMEZ VALLEY PUBLIC SCHOOLS**  
8501 Highway 4  
Jemez Pueblo, New Mexico 87024

**APPLICATION FOR  
PROFESSIONAL / LICENSED POSITION**

**Type or Print Clearly**

1. Date Submitted \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Last First Middle

3. Present Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State Zip Phone ( ) \_\_\_\_\_  
Area Code

4. Permanent Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State Zip Phone ( ) \_\_\_\_\_  
Area Code

5. Position Desired:  
a. Check all that apply: ( ) Administrator ( ) Counselor ( ) Educational Assistant ( ) Librarian ( ) Teacher  
( ) Other \_\_\_\_\_

b. Specific grade levels / subject areas / assignments you are qualified to perform, in order of preference:  
\_\_\_\_\_  
\_\_\_\_\_

c. Date of availability \_\_\_\_\_

6. Scholastic Preparation:

a. List schools from which you received a degree or certificate ONLY

<u>College / University and Address</u>	<u>Degree</u>	<u>Major / Minor</u>	<u>Date of Conferral</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. School Activities. Check those activities which you can teach or direct in a school setting.

- a. \_\_\_\_\_ Drama / Speech                      \_\_\_\_\_ Clubs (List types)  
\_\_\_\_\_ Vocal Music                              \_\_\_\_\_ Coaching (List types)  
\_\_\_\_\_ Cheerleading                              \_\_\_\_\_ Band  
\_\_\_\_\_ Newspaper / Yearbook                  \_\_\_\_\_ Other (List types)

b. Indicate qualifications and experience in those activities you have checked.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Licensure Data

- a.            **Type of License & Number**                      **State of Issuance**                      **Expiration Date**                      **Specific Areas of Endorsement**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Are you eligible for a New Mexico license? \_\_\_\_\_

c. Have you taken the New Mexico Teachers Examination? \_\_\_\_\_ Date \_\_\_\_\_

d. Have you ever been subject to any proceeding for revocation of a professional educator license?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

9. Professional Experience (Begin with most recent experience. Attach additional page, if necessary. Do not list student teaching or substitute teaching.)

**School or Company**

a. Position \_\_\_\_\_ Name \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Street \_\_\_\_\_

Grade level / area \_\_\_\_\_ City/State \_\_\_\_\_

Length of service \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

b. Position\_\_\_\_\_ Name\_\_\_\_\_

Full-time\_\_\_\_\_ Part-time\_\_\_\_\_ Street\_\_\_\_\_

Grade level / area\_\_\_\_\_ City/State\_\_\_\_\_

Length of service\_\_\_\_\_ Telephone No. ( )\_\_\_\_\_

Name of supervisor\_\_\_\_\_

Reason for leaving\_\_\_\_\_

\_\_\_\_\_

c. Additional on attached page. Yes\_\_\_\_\_ No\_\_\_\_\_

10. General Information:

1. Are you eligible to work in the United States? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Have you ever applied for a job with the Jemez Valley Public School District before this time?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give date and type of application submitted. \_\_\_\_\_
3. When would you be able to begin work: \_\_\_\_\_
4. In your own handwriting, write a paragraph or two on two of the following topics: (a) your philosophy of education, (b) discipline in the classroom, (c) teaching the slow learner, or (d) bilingual education. Attach to the application.

11. References. Include individuals familiar with your work performance and job skills.

a. Name:\_\_\_\_\_ Position:\_\_\_\_\_

Address:\_\_\_\_\_ Telephone No: ( )\_\_\_\_\_

\_\_\_\_\_

b. Name:\_\_\_\_\_ Position:\_\_\_\_\_

Address:\_\_\_\_\_ Telephone No: ( )\_\_\_\_\_

\_\_\_\_\_

c. Name:\_\_\_\_\_ Position:\_\_\_\_\_

Address:\_\_\_\_\_ Telephone No: ( )\_\_\_\_\_

\_\_\_\_\_

**Note:** An application for a professional position with Jemez Valley Public Schools is considered active only when the following materials are on file in the personnel office:

1. A completed, signed, and notarized (see pg. 7) application form (Incomplete applications will not be considered for vacancies which may occur); and
2. A copy of transcript(s) of college/university work (official transcript(s) required upon employment)

It is the responsibility of the applicant to obtain such materials and have them sent to the personnel office. Applications are kept on file for one year from the date submitted. If the applicant has not been employed within this time, the application will be destroyed unless the applicant submits a letter updating the application and requesting continued consideration.

I understand that the attached Agreement, Authorization, Waiver and Release and the Employment History Affidavit are material component parts of my application for employment and consent to the terms and conditions in each of these documents.

I hereby certify that the above information furnished on this application is true and correct, and I agree that, if any of the information is false or misleading, such shall constitute grounds for the termination of any contract of employment which might be granted to me. I also understand that I am required to abide by all policies and procedures of the Jemez Valley Public Schools.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**The Jemez Valley Public School District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status, disability, or military status in employment or the provision of services. This includes, but is not limited to admissions, vocational services, financial aid, and employment. Inquiries concerning the application of Title VI and Title VII of the Civil Rights Act, Section 504 of PL 92-112, and the Age Discrimination Act may be referred to the Superintendent of Jemez Valley Public Schools. The Americans with Disabilities Act of 1990 as amended, prohibits discrimination on the basis of disability, and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, and other aspects of employment. The law also requires that covered entities provide qualified applicants and employees with disabilities with necessary reasonable accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the Superintendent or designee that an accommodation is needed. Applicant is subject to NMSA 1978, Section 28-2-1, et seq., Criminal Offender Employment Act of New Mexico.**

**JEMEZ VALLEY PUBLIC SCHOOL DISTRICT**

**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

## 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 with 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 application 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 for the following questions)

1.	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?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Have you ever been reprimanded for misconduct? Have you ever been disciplined for misconduct? Have you ever been discharged for misconduct? Have you ever resigned, or been asked to resign, from a prior position for misconduct?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> 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? Or involving your employer's investigation for sexual abuse of another person?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> 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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

State of \_\_\_\_\_)

)ss.

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

(SEAL)