



Type of License \_\_\_\_\_ File No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Subject Endorsements: \_\_\_\_\_

**References:**

(University placement files and/or references that are not previous employers)

Name	Title	Address	Phone

When could you begin work here? \_\_\_\_\_

May we contact your present employer? Yes  No

Have you ever been employed by the Dexter Schools? Yes  No

Have you ever been convicted of a misdemeanor or felony? Yes  No

(If yes, please explain fully on an attached sheet. A conviction will not necessarily disqualify an applicant from a position for which the applicant has applied.)

**PERSONAL DATA**

List sports or clubs you can coach or sponsor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List of college or community activities in which you engage and/or any honors received before or since Graduation:

\_\_\_\_\_  
\_\_\_\_\_

Please describe yourself as a school leader. Be specific about the qualities of leadership that you will bring to Dexter Consolidated Schools.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please outline briefly the ways in which you believe your leadership within the schools will support increased student learning in your school or across the district.

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I certify that the answers herein are true and complete to the best of my knowledge.

I authorize Dexter Consolidated Schools to make such investigations and inquiries of my personal, employment, financial or medical history or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application.

This information may include (but is not limited to) relevant data as to job performance, reasons for termination of employment, convictions, information relating to the arrest or conviction of criminal offenses, and review of any of these records pertinent to my job application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies and procedures of the Dexter Consolidated Schools.

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Signature

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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