

# DEXTER CONSOLIDATED SCHOOLS

P.O. Box 159  
100 N. Lincoln  
Dexter, New Mexico 88230  
Phone: 505-734-5420 Fax: 505-734-6810

For Personnel Office Use Only	
_____ Appl Complete	_____ NM License
_____ Signed Release	_____ Background Check
_____ 12 Hrs. Training	_____ Dot Physical
_____ First Aid/CPR	_____ Drug Screen
School Year _____	
Date Received: _____	
Date Updated _____	

## Bus Driver Application Activity Vehicle Driver Bus Assistant

NOTE: Application will remain active for two years from date received. Please be advised that a driving and criminal record check will be done.

Applicant's 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 \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers Current ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

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

### EDUCATION LEVEL: (Check the appropriate box to indicate your highest level of formal education)

High School Diploma or GED  Yes  No

### MARK THE BOXES TO INDICATE POSITIONS FOR WHICH YOU ARE INTERESTED:.

Bus Driver  Activity Vehicle Driver  Bus Assistant

List job categories in order of your preference OR indicate the specific job for which you are applying

\_\_\_\_\_

**CONFLICT OF INTEREST:** Please list any relative(s) you have who serve on the Dexter Board of Education or who are employed by the Dexter Consolidated Schools: \_\_\_\_\_



### FOR PERSONNEL OFFICE USE ONLY

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_



**EDUCATIONAL AND PROFESSIONAL TRAINING**  
**(list chronologically, beginning with high school)**

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRAD.	DATES OF ATTENDANCE

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

**Work Experience – List positions held during the past ten years. Use additional sheets if necessary.**

Dates of Employment TO FROM MM/YY MM/YY		Employer Name Complete Mailing Address	Position/Title Grade Level/Subject	Full Name of Supervisor	Supervisor Phone Numbers Work/Home/Cell

**References** List three references. **Include supervisors, principals, superintendents or others for whom you have worked who have first hand 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	Telephone Numbers Work/Home/Cell

Do you have any objections to our contacting your current employer for a reference?  Yes  No

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

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## GENERAL INFORMATION

Month, Day and Year Available for employment \_\_\_\_\_ Are you currently employed?  Yes  No

If yes, where? \_\_\_\_\_ Present Position? \_\_\_\_\_

If presently employed, why do you wish a change? \_\_\_\_\_

Have you had prior employment with any public school?  Yes  No

If yes, describe your employment: \_\_\_\_\_

Have you had prior experience working around school-age children?  Yes  No

If yes, describe your experience: \_\_\_\_\_

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**Referral Source:**  **Advertisement/Posting**  Employee  Friend  Recruitment Event  
 Other \_\_\_\_\_

This application will be placed on file for two years for consideration when vacancies arise. It should be complete and accurate.

The Dexter Consolidated Schools states its intent to comply with the spirit of the law and regulations Title IX issued by the United States Department of Health, Education and Welfare which prohibits discrimination on the basis of sex in education programs or activities which receive federal funds extending to employment and administration of such programs and activities. No applicant will be discriminated against because of race, color, handicap, national origin, sex or age.

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Signature of Applicant

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Date

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**P.O. Box 159**  
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**Ph (505) 734-5420 Fax (505) 734-6810**

**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 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 which 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