

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	
_____ Placement File	_____ NM License
_____ NMTA Scores	_____ Transcripts
_____ Signed Release	_____ Background Check
_____ Appl Complete	_____ Ref. Letters Mailed
School Year _____	
Date Received: _____	
Date Updated _____	

CERTIFIED APPLICATION

NOTE: Application will remain active for two years from date received.

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 _____

CERTIFICATION/LICENSURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment (NMTA)? Yes No

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

Year of Expiration of New Mexico Certificate/License: _____ (Please attach a copy)

List all endorsements: _____

B. If you have been issued a certificate/license in another state(s), enclose a photocopy.

State _____ Expiration Date _____ Licenses/Endorsements _____

State _____ Expiration Date _____ Licenses/Endorsements _____

C. Have you taken a teacher qualifying test in another state? No Yes | 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"/> Physical Therapist | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Library Media |
| <input type="checkbox"/> Secondary Teacher | <input type="checkbox"/> Diagnostician | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ | | |

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: _____

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LIST ALL COLLEGES AND UNIVERSITIES ATTENDED
(list chronologically)

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRAD. (COLLEGE ONLY)	SCHOOL CONTACT NAME & PHONE NUMBER

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

STUDENT TEACHING EXPERIENCE

DATES:		SUBJECT GRADE LEVEL	COOPERATING TEACHER	SCHOOL	SCHOOL ADDRESS CITY/STATE	PHONE NUMBER
TO MM/YY	FROM MM/YY					
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:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Art	<input type="checkbox"/> Band	<input type="checkbox"/> Bilingual Ed.
<input type="checkbox"/> Biology	<input type="checkbox"/> Business Ed.	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Computer
<input type="checkbox"/> Drama/Theatre	<input type="checkbox"/> English	<input type="checkbox"/> ESL	<input type="checkbox"/> French _____ German
<input type="checkbox"/> Government	<input type="checkbox"/> Health	<input type="checkbox"/> History	<input type="checkbox"/> F.A.C.S.
<input type="checkbox"/> Industrial Tech.	<input type="checkbox"/> Journalism	<input type="checkbox"/> Kindergarten/Pre-K	<input type="checkbox"/> Lang. Arts (General)
<input type="checkbox"/> Library Science	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Music (Vocal)	<input type="checkbox"/> Music (Instrumental)
<input type="checkbox"/> Physical Ed.	<input type="checkbox"/> Physics	<input type="checkbox"/> Speech	<input type="checkbox"/> Psychology
<input type="checkbox"/> Reading	<input type="checkbox"/> Science, General	<input type="checkbox"/> Soc. St. (Other)	<input type="checkbox"/> Sociology
<input type="checkbox"/> Spanish	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Technology	<input type="checkbox"/> 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. Middle School High School No Preference

Coaching: Circle B (boy) and/or G (girl) to indicate sport preferences. Check the box beside the activity to indicate Sponsor interest.

Baseball B <input type="checkbox"/>	Golf B G <input type="checkbox"/>	Track B G <input type="checkbox"/>	Cheerleaders <input type="checkbox"/>
Basketball B G <input type="checkbox"/>	Football B <input type="checkbox"/>	Volleyball G <input type="checkbox"/>	Student Council <input type="checkbox"/>
Cross Country B G <input type="checkbox"/>	Softball G <input type="checkbox"/>	Drama <input type="checkbox"/>	Year Book <input type="checkbox"/>

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

Other: _____

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

Dates of Employment FROM TO 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

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

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.

Signature of Applicant

Date

Dexter Consolidated Schools
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Dexter, NM 88230
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