

Dexter Consolidated Schools * P.O. Box 159* Dexter, NM 88230* 575-734-5420

APPLICATION FOR SUBSTITUTE POSITION

(Please type or print in ink)

Name _____ Date _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip

Phone: _____ Social Security Number: _____

U.S. Citizen: Yes No

Certified in New Mexico: Yes No Teacher File Number: _____

Expiration Date: _____ Copy of Certificate Attached: Yes No

EDUCATION:

Name & Location of School (high school, undergraduate & graduate work in the order taken)	Date of Attendance	Semester Credit Hours	Degree or Diploma	Subject Major	Subject Minor

EXPERIENCE

Name & Location of School (begin with present position)	Date of Employment	Total # of Months	Nature of Position	
			Grades, Subject Areas	Curriculum Assignments

Reasons for leaving present position: _____

PROFESSIONAL REFERENCES: Give the names, addresses and phone umbers of three persons, other than relatives, that we may contact who have knowledge of your character, experience and ability.

Name	Address	Phone	Position

Please add any information relevant to the position for which you are applying on a separate sheet.

The Dexter Consolidated Schools states it's 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: _____

OFFICE USE ONLY

Transcripts

Placement/Career File

Copy of Certificate

Interviewed By: _____

Position: _____ Date: _____

Interviewed By: _____

Position: _____ 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 1978, 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