



EMPLOYMENT APPLICATION
CERTIFIED POSITION

PECOS INDEPENDENT SCHOOLS

Post Office Box 368
Pecos, New Mexico 87552
Phone (505) 754-4700
Fax (505) 757-8721

Name: _____ Social Security No. _____

Address: _____ Telephone No.: _____

City, State & Zip Code _____

I. To the applicant: Please read the following and sign below.

1. The Pecos Independent School District is an equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.

2. 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: _____

3. Please let us know if you require an accommodation to allow you to complete the application form, or for any other aspect of the application process.

4. *You must complete this application in full and provide **all** information requested. If you do not have all the requested information with you, take the application with you, and return it completed at a later date. **An incomplete application will not be considered.***

5. The provision of any false, incomplete, or misleading statements on this application, on any other documents submitted with it, or as part of any other phase of the employment process, will result in the applicant's disqualification or discharge, regardless of when the misrepresentation or omission is discovered.

6. Applicants, including those for substitute and temporary positions, are subject to work history and education history checks, and to reference investigations. Finalists will also be subject to a criminal background investigation, including mandatory fingerprinting, at the applicant's expense, as a condition of further consideration for employment.
7. All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, but pursuant to the Criminal Offender Employment Act, NMSA 1978 ' 28-2-4 and 28-2-5, may be a basis for refusing employment.
8. This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new application for employment.

I have read and understood the foregoing: _____
Applicant's Signature

II. EDUCATION

College or University	Address/Telephone No.	Years Attended	Major	Degree and year	Name of contact or reference

[Continue on separate sheet if necessary]

III. STUDENT TEACHING EXPERIENCE *[must be completed if applicant has completed fewer than three full consecutive school years in education]*

School Name	School Address & Telephone No.	Start-End Dates	Courses or Grades	Name of Supervisor

[Continue on separate sheet if necessary]

VI. EMPLOYMENT HISTORY

Note to Applicant: Include all employers since high school. Account for any gaps in employment history B e.g., if attending school, identify school and dates; if self-employed, give name and address of business and name and telephone number of business reference; if unemployed, give your address and telephone number during period of unemployment.

Employer Name	Employer Address and Telephone Number	Dates of Employment	Position(s) Held	Immediate Supervisor	Reason(s) for Leaving (please be specific)

[Continue on separate sheet if necessary]

VII. 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 applicant 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)

SECTION B (Please check the appropriate "yes" or "no" box for the following questions)

Table with 3 rows of questions regarding investigations, disciplinary actions, and resignations, each with 'yes' and 'no' checkboxes.

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

Printed Name Social Security Number

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ___ day of _____, 2010.

My Commission Expires (SEAL) Notary Public

VIII. GENERAL

I have been known by the following other names: _____

I am authorized to work in the United States on the basis of ___ U.S. citizenship; ___ alien identification card; ___ neither.

If employed, I would be interested in coaching or sponsoring the following extra-curricular activities:

Activity	Prior Experience (number of years) and name of school

Have you previously been employed with the District?

- Yes Position: _____ Dates: _____
- No

Have you previously applied for employment with the District?

- Yes Date: _____
- No

Are any of your relatives employed by the District?

- Yes Name: _____ Position: _____
- No

If you are hired, can you supply proof of your age?

- Yes
- No

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

- Yes
- No

By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to the best of my knowledge.

Date:

Signature

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AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Pecos Schools to further consider my application.

I hereby authorize the District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the 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 DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist for, or if 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 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, 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 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