



PECOS INDEPENDENT SCHOOLS
EMPLOYMENT APPLICATION
CERTIFIED POSITION

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

Name: _____

Social Security No.: _____ Telephone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Position Desired:

- a. Check all that apply: _____ Administrator _____ Counselor
_____ Teacher _____ Librarian
_____ Educational Assistant
_____ Other: _____

b. Specific grade levels/subject areas/ assignments you are qualified to teach/perform, in order of preference.

1. _____
2. _____
3. _____

c. Date of availability: _____

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

Activity/Sport	School	Years of Experience

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. 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.
3. *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.*
4. 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.
5. 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.
6. 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.
7. 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 *[please list your most recent college first and work backwards]*

College or University Attended		Years Attended	
College or University Address		Major	
College or University Phone Number		Degree and Year	
College or University Contact or Reference		Contact or Reference Phone Number	

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College or University Address		Major	
College or University Phone Number		Degree and Year	
College or University Contact or Reference		Contact or Reference Phone Number	

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College or University Address		Major	
College or University Phone Number		Degree and Year	
College or University Contact or Reference		Contact or Reference Phone Number	

[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:		Start-End Dates	
School Address:		Courses or Grades	
School Phone No.:		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 [please list your most recent employer first and work backwards].

Employer Name:		Position(s) Held:	
Employer Address:		Dates of Employment:	
Employer Phone Number:		Immediate Supervisor:	
Reason(s) for Leaving:		Reference:	

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Reason(s) for Leaving:		Reference:	

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Employer Address:		Dates of Employment:	
Employer Phone Number:		Immediate Supervisor:	
Reason(s) for Leaving:		Reference:	

[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)

1.	Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or if you offered a resignation, your previous employer?	_____ yes	_____ no
2.	Have you ever been reprimanded for misconduct?	_____ yes	_____ no
	Have you ever been disciplined for misconduct?	_____ yes	_____ no
	Have you ever been discharged for misconduct?	_____ yes	_____ no
	Have you ever resigned, or been asked to resign, from a prior position for misconduct?	_____ yes	_____ no
3.	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer’s investigation of inappropriate sexual contact with another person?	_____ yes	_____ no
	Or involving your employer’s investigation for sexual abuse of another person?	_____ yes	_____ no

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 _____, 20_____.

My Commission Expires
(SEAL)

Notary Public

VIII. GENERAL

I have been known by the following other name(s): _____

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

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: _____ Relationship: _____
_____ No Position: _____

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.

Applicant's Signature

Date

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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.

Printed Name of Applicant

Date

Signature of Applicant