MAXWELL MUNICIPAL SCHOOL P.O. BOX 275 MAXWELL, NM 87728

APPLICATION FOR EMPLOYMENT

APPLICATION INSTRUCTIONS: If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in reasonable amount of time 1) Please read "APPLICANT NOTE."

2) Complete this form in its entirety. 3) If more space is needed to complete any question, use the back. 4) Print clearly, incomplete or illegible applications will not be processed. 5) Some packets may have an attached **AFFIFMATIVE ACTION QUESTIONNAIRE**. This information is being gathered for affirmative action under Section 503 of the rehabilitation Act of 1973.

The information requested is voluntary and will be kept confidential. An application will not be subject to any adverse treatments for

refusing to complete the questionnaire.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of ethnic background, race, color, religion/creed, sex, sexual orientation, national origin, political affiliation, marital status, age or disability. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on school policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the school. This application will be kept on file only until the position is filled.

Date:	Social Security #		Phone # _		
	l any Names or Social Secu t.				
Name					
Last		First		Middle	
Present Addres	SS				
	Bus/Rural Route	City	State		Zip
Physical Addre	ess (If different)				
		P	hone #		
Position(s) Ap	plying for				
Education Bac	kground Information (Begin	n with most recent)			
Attended +++++++	eation of Schools			+++++++	
NM Teaching/	Educational Asst./Substitute	e License #			
Teaching Endo	orsements				
	II III (check o				

Professional, Civic Organizations, and Activities:
Employment Record (Begin with the most recent. Please list the last three.) 1) Name of Employer
Address
Reason for Leaving
Phone Number
Position
Dates Inclusive
2) Name of Employer
Address
Reason for Leaving
Phone Number
Position
Dates Inclusive
3) Name of Employer
Address
Reason for Leaving
Phone Number
Position
Dates Inclusive
List states and counties that you have lived.
State briefly why you desire this position.
What activities would you most be interested in and would like to sponsor?
References: (other than employers listed above) Name Phone Address Position +++++++++++++++++++++++++++++++++++
Signature of Applicant

The Maxwell Municipal School District prohibits unlawful discrimination in employment because if ethnic background, race, color, religion/creed, sex, sexual orientation, national origin, political affiliation, marital status, age or disability.

Insert to Employment Application CRIMINAL HISTORY AFFIDAVIT Applicant/New Employee

Most positions with the NMSD involve contact with our student population. We ask that you provide the information on this form to

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Dear	Α	п	n	u	c	a	n	t.

expected to provide us with this information	in this capacity. Pursuant to New Mexico State Statute, all applicants for employment are on. This insert is part of the application itself and any misrepresentation or omission of fact further consideration or for termination of employment regardless of when the ed.
I,	, being an applicant for, or having been offered, a position with the Maxwell sworn in according to law certify that this document is a true accurate, and full disclosure nd history.
NMSD will consider the nature of any con	we answer provided by you on this insert is NOT an automatic ban to employment, The viction or alleged conduct underlying the affirmative response, the date of the alleged iduct, and the relationship between the offense or alleged conduct underlying the affirmative re applying.

Section 1 (check ONE of the following statements)

I certify that I am not awaiting trial or I have ever been convicted of, and/or have never admitted committing any of the offenses described in this document in this state or any other state, or any similar offense in any other jurisdiction and that I have never been put on, or am not currently on, probation in this jurisdiction or any other jurisdiction.

OR

I certify that the statements (see **NOTE** at bottom of Section II)attached in this form give a true, accurate, and full account of any offense described in this document that I may have committed or being charged with in this state or any other jurisdiction.

SECTION II (please check the appropriate "yes" or "no" box for the following questions)

1.	Have you ever been or 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, disciplined, discharged, or asked to resign from a prior position?	-	yes _	no
3.	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling of funds, or of criminal conduct?		yes _	no
4.	Have you ever been convicted of a sex or drug related offense?		yes	no
5.	Have you ever been charged with or investigated for sexual abuse of another person?	=	yes _	no
6.	Have you ever been charged with, pled guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime?	_	yes _	no
7.	Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest", or has any court ever defended			
	further proceedings without entering a finding of guilty and placed on probation or in a public service or education program for any crime other than a minor traffic offense?	-	yes _	no

NOTE: If you answered yes to any of the previous seven questions, please attach a sheet(s) explaining in detail. Include the date of the charge, the court action, the offense in question, and the address of the court involved, and sign and date each sheet in the upper right hand corner.

The crimes referred to in this document include but are not limited to:

1. Sexual abuse of a minor

7. Commercial sexual exploration of a minor

2. Incest 8. A dangerous crime against a child

3. Sexual assault 9. Child Abuse

4. Sexual exploitation of a minor 10. Molestation of a child

5. Contribution to the delinquency of a minor 11. Sexual contact with a minor 12. Aggravated assault of a minor

6. Distribution of marijuana or dangerous drugs

13. First or second degree murder

14. Voluntary manslaughter

15. Kidnapping

16. Arson

17. Burglary or Robbery

18. DUI/DWI

I understand and agree that any offer of employment that I may receive, or have received from the Maxwell Municipal School District is conditional by law upon the district's receipt of information pursuant to a finger print check of my personal and 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 NMSD is inconsistent with any statement made by me on this affidavit.

I authorize the Maxwell Municipal School District to check my personal and employment history, including without limitation, evaluations, criminal arrest and conviction record reference check, and release of investigatory information possessed by any public employee of any state, local, or federal agency. I expressly waive in connection with a request for provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that might otherwise have against the NMSD, its agents and officials or any provider of such information.

I understand that all terms of employment or offer of employment are conditional until the required investigation is complete. I have read this authorization and release all claims and I expressly agree to the terms set forth herein.

Signature	Date			
Printed Name	Social	Security #		
+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++	
State of				
County of				
Subscribed and sworn before me this	day of			
My Commission Expires	Notary Public			

MAXWELL MUNICIPAL SCHOOLS

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

A. Applicant Certification.

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 School District to further consider me for possible employment.

B. Authorization for Reference Checks.

I hereby authorize the 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.

C. Waiver and Release as to Reference Checks.

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.

D. <u>Criminal Background Checks.</u>

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered 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 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, the District may provide me written notice of the withdrawal of its offer of employment, and that I shall be entitled to no further process or procedure.

E. <u>Public Disclosure of Applicant Names and Application Materials.</u>

I understand that, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the

information submitted by me or obtained pursuant to this agreement and authorization may be subject to
disclosure to persons outside the School District, including the media, to the extent such information is not
expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or
confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act
(HIPPA). (Results of criminal background checks, if requested are privileged and protected from public
disclosure.)

As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.						
Signature of Applicant	Date					
Printed Name of Applicant	_					