

Certified Application



Return to:
Lake Arthur Municipal Schools
P.O. Box 98
700 Broadway
Lake Arthur, New Mexico 88253
Phone No.: (505) 365-2000
Fax No.: (505) 365-2002
Web Site: http://la-panthers.org

"An Equal Opportunity Employer"

Dear Applicant,

Thank you for your interest in the Lake Arthur Municipal Schools. Our school district is interested in securing the services of the best teachers available. Only professionally trained teachers with a minimum of a Bachelor's degree in education and a semester of student teaching will be considered. In order to be eligible for openings which may occur in our district, a complete application must be on file.

Listed below are the required documents needed for an application to be placed on file with our district.

1. Teacher Insight Interview (Teachers Only)-Please email the following address to take this interview. **michael.grossmani@la-panthers.org**
2. Letter of Interest.
3. Current Resume.
4. Official Transcripts (Please check one of the following)

Attached

Not Attached, Reason _____

If you are currently or have previously been employed with the Lake Arthur Municipal Schools and have a transcript on file, please complete the blanks below.

Position Held _____, Dates of Employment _____

5. Three (3) letters of reference within the last (5) five years, one from immediate supervisor, (student teaching appraisal is acceptable).
6. Copies of New Mexico Licensure Exam scores or out-of-state licensure exam scores.
7. A copy of a current New Mexico Teaching License or a current out of state teaching license.
8. Ancillary applicants must attach a copy of the license issued by the appropriate licensing board.
9. Last two (2) years evaluation results from a New Mexico School District, if applicable.
10. Criminal History Affidavit and Agreement Application, (attached to application).
11. Postcard, self-addressed/ stamped (applicant will only receive the postcard when their file is complete).

AN APPLICATION OVER ONE YEAR WILL AUTOMATICALLY BE DEACTIVATED.

DEMOGRAPHIC DATA	SOCIAL SECURITY NO.	APPLICATION DATE												
	LAST NAME (MAIDEN)	FIRST NAME	M.I.	JR., ETC.										
	CURRENT ADDRESS (P.O. BOX, STREET NUMBER, APT. STREET NAME)													
	CITY				STATE				ZIP CODE					
	ALTERNATE ADDRESS (P.O. BOX, STREET NUMBER, APT., STREET NAME)													
	CITY				STATE				ZIP CODE					
	HOME PHONE NUMBER				ALTERNATE PHONE NUMBERS									
	AREA CODE				AREA CODE				NUMBER					
					WORK:									
					CELL:									

EDUCATION/TRAINING	<i>LIST ALL SCHOOLS ATTENDED</i>				
	Name of School And Location	Course of Study Major/Minor Fields	Diploma/Degree	Mo./Yr. Graduated College Only	Contact Person Name and Phone Number

LICENSURE

MAINTAINING APPROPRIATE LICENSURE IS THE RESPONSIBILITY OF THE INDIVIDUAL. UPON EMPLOYMENT, FAILURE TO MAINTAIN APPROPRIATE LICENSURE MAY BE CAUSE FOR TERMINATION.

Do you now hold a current New Mexico Teaching License? YES NO If yes, you **must** include a copy of License(s).

If no, have you applied for New Mexico Licensure? YES NO If yes, Date applied ____/____/____

Have you ever held a one year temporary teaching license (lacked required exams) in New Mexico? YES NO

If yes, indicate specific field _____

Please indicate which sections of the New Mexico Teachers Assessments Exam you have taken

ASSESSMENTS: Basic Skills Teacher Competency None

CONTENT KNOWLEDGE ASSESSMENTS: Elem. Education Lang. Arts Reading Math Science
 Social Studies None

Please indicate which sections of the National Teachers Exam (NTE) you have taken.

Communication Skills General Knowledge Professional Knowledge None

Do you hold a teaching license in another state? YES NO If yes, you **must** include a copy of the License(s).

Have you ever completed and passed an out-of-state licensure exam(s)? YES NO If yes, you **must** include a copy exam results.

YOU MUST PROVIDE A COPY OF ALL EXAM RESULTS WHETHER YOU PASS OR NOT WITH THIS APPLICATION.

Are you an Alternative Licensure Candidate? YES NO If yes, Have you contacted the NMSU Education Department regarding your program? YES NO

AREAS OF CERTIFIED SPECIALIZATION

___ ELEMENTARY ___ EARLY CHILDHOOD/KINDERGARTEN ___ BILINGUAL CERTIFICATION ___ ESL

___ SECONDARY. TEACHING FIELDS 1. _____ 2. _____ 3. _____

___ K-12 TEACHING FIELDS 1. _____ 2. _____ 3. _____

___ SPECIAL EDUCATION: AREA(S) OF SPECIALIZATION _____ / _____ / _____

___ VOCATIONAL: AREA(S) OF SPECIALIZATION _____ / _____ / _____

OTHER: ___ LIBRARIAN ___ COUNSELOR ___ NURSE ___ DIAGNOSTICIAN ___ SOCIAL WORKER

___ SCHOOL PSYCHOLOGIST ___ SPEECH THERAPIST ___ OCCUPATIONAL/PHYSICAL THERAPIST

___ READING ___ ADMINISTRATIVE

CREDIT HOURS – INDICATE NUMBER OF SEMESTER HOURS EARNED FOR EACH SUBJECT AREA

- | | | | |
|-------------------------|---------------------|--------------------------------|------------------------------------|
| ___ ART | ___ FRENCH | ___ INDUSTRIAL ARTS | ___ PSYCHOLOGY |
| ___ BAND | ___ GEOGRAPHY | ___ JOURNALISM | ___ READING |
| ___ BILINGUAL ED. | ___ GEOLOGY | ___ KINDERGARTEN / EARLY CHILD | ___ RUSSIAN |
| ___ BIOLOGY | ___ GERMAN | ___ LATIN | ___ SOCIAL STUDIES (Other) |
| ___ BUSINESS/COMMERCIAL | ___ GOVERNMENT | ___ LIBRARY SCIENCE | ___ SOCIOLOGY |
| ___ CHEMISTRY | ___ HEALTH | ___ MATHEMATICS | ___ SPANISH |
| ___ EARTH SCIENCE | ___ HISTORY | ___ MUSIC (VOCAL) | ___ SPECIAL ED (Hearing Impaired) |
| ___ ECONOMICS | ___ HISTORY (US) | ___ ORCHESTRA | ___ SPECIAL ED (GENERAL) |
| ___ ENGLISH | ___ HISTORY (WORLD) | ___ PHYSICAL ED | ___ SPECIAL ED (Visually impaired) |
| ___ ESL | ___ HOME ECONOMICS | ___ PHYSICS | ___ SPEECH/DRAMA |
| | | ___ SPEECH THERAPY | |

CERTIFICATION

STUDENT TEACHING	STUDENT TEACHING EXPERIENCE						
	Dates		SUBJECT/ GRADE LEVEL	Cooperating Teacher	School	SCHOOL/ADDRESS CITY/STATE	PHONE NUMBER
	From MO/YR	TO MO/YR					
<i>UNIVERSITY SUPERVISOR</i>		UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE			PHONE NUMBER	

WORK EXPERIENCE	WORK EXPERIENCE AND REFERENCES								
	<p>Please account for all years following the completion of high school or grade last attended beginning with the most current. Be sure to list any breaks in employment periods and state the reason. If any years are unaccounted for, your application will not be considered. If necessary, please attach separate sheet, for other references. If you have more than one reference for an employer, please list names under supervisor column.</p>								
	DATES		FT* PT*	EMPLOYER NAME AND COMPLETE MAILING ADDRESS	POSITION & TITLE GRADE LEVEL OR SUBJECT	TITLE & FULL NAME OF IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR	NAME IN WHICH YOUR RECORDS ARE RECORDED	REASON FOR LEAVING
	FROM MO/YR	TO MO/YR							
*FT = FULL TIME *PT = PARTTIME									

POSITION DATA

EMPLOYMENT PREFERENCES: Indicate below the level/subject combination(s) in which you are endorsed or qualified to teach.

Elementary (K-5)
 Grade Level Qualified (Circle top 3 choices) K 1 2 3 4 5 No Preference

Middle School (6-8)
 Subject Area Qualified 1) _____ (2) _____ (3) _____ (4) _____ (5) _____

High School (9-12)
 Subject Area Qualified (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Special Education:
 Area Qualified: Elementary _____ Middle _____ High School _____ No Preference _____
 School Psychologist _____ Speech Language Pathologist _____ Diagnostician _____

Support Service Provider:
 Area Qualified: Social Worker _____ School Nurse _____ Reading/Math Specialist _____
 Counselor _____ Other _____

COACHING / SPONSORS

ACTIVITIES (Check the following which you are able to coach, direct or sponsor. Circle "B" for Boys and/or "G" for Girls)

Athletic Trainer _____ Golf B G Tennis B G Cheerleaders _____ Newspaper _____
 Baseball B G Gymnastics B G Track B G Chorus _____ Orchestra _____
 Basketball B G Soccer B G Volleyball B G Debate _____ Speech _____
 Cross Country B G Softball B G Wrestling B G Dramatics _____ Yearbook _____
 Football B G Swimming B G Band _____ Drill Team _____ Other _____

VERIFICATION

Are you currently authorized to work in the United States? Yes _____ No _____

What is the basis for the authorization? _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

Have you ever plead guilty to a misdemeanor or felony? Yes _____ No _____

I swear under the penalty of perjury that the foregoing statements and all things related thereto are true and correct. I further acknowledge that by the making of a false statement, the furnishing of false information or the withholding of pertinent information in connection with this application will constitute grounds for dismissal.

I understand that the Lake Arthur Municipal Schools will obtain an FBI Fingerprint background history upon employment; and I hereby authorize the release of information and further release from liability any and all parties who may supply personal information concerning my employment.

PLEASE NOTE

THIS APPLICATION IS INCOMPLETE IF NOT ACCOMPANIED BY ITEMS 1-11 LISTED ON PAGE 1 OF THIS APPLICATION.

Signature of Applicant

Date

LAKE ARTHUR MUNICIPAL SCHOOLS
P.O. Box 98 700 Broadway
LAKE ARTHUR, NEW MEXICO 88253
PHONE: (505) 365-2000 / FAX: (505) 365-2002

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE (To be completed by Applicant)

A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER AND RELEASE WILL BE SENT TO ALL REFERENCES REQUESTED.

APPLICANT PLEASE RETURN THIS FORM WITH YOUR APPLICATION AND REFERENCE CHECK FORMS

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 Lake Arthur Municipal Schools to further consider me for possible employment.

I hereby authorize the Lake Arthur Municipal Schools and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Lake Arthur Municipal Schools 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 LAKE ARTHUR MUNICIPAL SCHOOLS UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist 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 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 the satisfactory completion of all background checks.

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 Lake Arthur Municipal Schools 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

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

LAMS USE ONLY

Insert to Employment Application
CRIMINAL HISTORY AFFIDAVIT
 Applicant/New Employee

Dear Applicant: Most positions with the Lake Arthur Municipal Schools (LAMS) involve contact with our student population. We ask that you provide the information on this form to help us evaluate your suitability to perform in this capacity. Pursuant to New Mexico State Statutes, all applicants for employment are expected to provide us with this information. *This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination of employment regardless of when the misrepresentation or omission is discovered.*

I, _____, certify that this document is a true, accurate, and full disclosure of
PRINT FULL NAME
 my personal and professional background history.

The conviction of a crime or any affirmative answer provided by you on this insert is **NOT** an automatic bar to employment. The LCPS will consider the nature of any conviction or alleged conduct underlying the affirmative response and the position for which you are applying.

COMPLETE SECTION I AND II

SECTION I (Check ONE of the following two statements)

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

OR

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

SECTION II (Please check yes or no for the following questions)

1.	Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position for misconduct?	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Have you ever been convicted of a sex- or drug-related offense?	<input type="checkbox"/> yes <input type="checkbox"/> no
5.	Have you ever been charged with, or investigated for sexual abuse of another person?	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes <input type="checkbox"/> 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 deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense?	<input type="checkbox"/> yes <input type="checkbox"/> no

NOTE: If you have answered yes to any of the previous seven questions, please attach 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 corner.

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

- | | |
|---|-----------------------------------|
| 1. Sexual abuse of a minor | 10. Molestation of a child |
| 2. Incest | 11. Sexual conduct with a minor |
| 3. Sexual assault | 12. Aggravated assault of a minor |
| 4. Sexual exploitation of a minor | 13. First or second degree murder |
| 5. Contributing to the delinquency of a minor | 14. Voluntary manslaughter |
| 6. Distribution of marijuana, or dangerous narcotic drugs | 15. Kidnapping |
| 7. Commercial sexual exploitation of a minor | 16. Arson |
| 8. Dangerous crime against a child or children | 17. Burglary or Robbery |
| 9. Child abuse | 18. D.U.I./D.W.I. |

I understand and agree that any offer of employment that I may receive, or have received, from the LAMS is conditioned by law upon the district's receipt of information pursuant to a fingerprint-based 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 LAMS is inconsistent with any statement made by me on this affidavit.

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

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

_____ **SIGNATURE** _____ **DATE** _____

_____ **PRINTED NAME** _____ **SOCIAL SECURITY Number** _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____.

_____ My Commission Expires _____ Notary Public
(SEAL)

Proposed: 02/05



AFFIRMATIVE ACTION INFORMATION

The information solicited on this page will be used for reporting in compliance with EEOC regulations. This pre-employment information form will be kept in a confidential file separate from the attached application. Providing this information is voluntary.

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX: FEMALE _____ MALE _____

ADDRESS _____
STREET

CITY STATE ZIP CODE

(AREA CODE) TELEPHONE NUMBER

ETHNIC/RACIAL GROUP

_____ WHITE	_____ AMERICAN INDIAN
_____ HISPANIC	_____ ASIAN/PACIFIC ISLANDER
_____ BLACK	_____ OTHER

SIGNATURE: _____ DATE: _____

**TO REQUEST AN APPLICATION PACKET FOR INITIAL
NEW MEXICO LICENSURE PLEASE CONTACT:**

**New Mexico State Department of Education
Education Building
Professional Licensure Unit
300 Don Gaspar
Santa Fe, NM 87501-2786**

(505)-827-6587

<http://ped.state.nm.us/div/ais/lic/index.html>