

Application and Employment Process

*Certified*

1. Complete the entire application which includes:

- a. **Application for Employment**
- b. **Agreement and Authorization**
- c. **Criminal History Affidavit**
- d. **Agreement, Authorization, Waiver and Release.**

No candidate shall be eligible for employment unless his or her application packet is complete. Incomplete or unsigned applications will be discarded.

Mail applications to: Office of the Superintendent  
Clayton Municipal Schools  
323 South Fifth Street  
Clayton, New Mexico 88415

2. New hires will be required to complete a fingerprint and background check. This process must take place immediately after the offer of employment. All documents necessary for this process can be picked up at the Superintendent's office.

3. All certified new hires are required to be licensed. Licensure applications can be picked up at the Superintendent's office. This process must take place immediately after employment.

4. All certified new hires are required to furnish a summative evaluation document if coming from another New Mexico school.

*In the event that the criminal background check is not satisfactory, employment offer will be withdrawn.*





Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please provide any additional information you think we might find useful:

I certify the forgoing information is correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CLAYTON MUNICIPAL SCHOOLS  
323 South Fifth Street  
Clayton, NM 88415  
(505) 374-9611

**AGREEMENT AND AUTHORIZATION**

I hereby certify that the information contained in this application is true, accurate and complete, to the best of my knowledge and belief. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Failure to provide all or part of the information requested may result in the refusal of the Clayton Municipal Schools to further consider me for possible employment.

I hereby authorize the Clayton School District and its agents to investigate my work history and education history and to conduct personal reference inquiries. I understand that the Clayton 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, 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 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 Clayton School District, but pursuant to the Criminal Offender 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 Clayton 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.

I understand that any employment offer is contingent upon the satisfactory completion of all background checks.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

# Clayton Municipal Schools

JACK WILEY  
Superintendent

323 South Fifth Street  
CLAYTON, NEW MEXICO 88415  
Phone: 505-374-9611  
Fax: 505-374-9881

FULLY ACCREDITED

## PROFESSIONAL STAFF CERTIFICATION AND CREDENTIALING REQUIREMENTS

\_\_\_\_\_  
Name                      Position

I, \_\_\_\_\_, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of New Mexico or similar offenses in any other jurisdiction:

Sexual abuse of a minor Incest First- or second-degree murder Kidnapping Arson Sexual assault Sexual exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the Possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Assault or Aggravated assault Exploitation of minors involving drug offenses
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\_\_\_\_\_  
Employee signature    Date signed  
Subscribed, sworn to, and acknowledged before me by

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_,

in \_\_\_\_\_ County, New Mexico.

My Commission Expires

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

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JACK WILEY  
Superintendent

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## PROFESSIONAL STAFF HIRING

### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_ [applicant's name], have applied for employment with the Clayton Municipal School District to work as a \_\_\_\_\_ [job title]. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive \_\_\_\_\_/do not waive \_\_\_\_\_ (initial only one [1]) my right to see any written reference or other information provided to the School District by any educational institution.

I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive \_\_\_\_\_/do not waive \_\_\_\_\_ (initial only one [1]) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written

references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

# Clayton Municipal Schools

323 South Fifth Street  
CLAYTON, NEW MEXICO 88415  
Phone: 505-374-9611  
Fax: 505-374-9881

FULLY ACCREDITED

JACK WILEY  
Superintendent

## PROFESSIONAL STAFF HIRING

### BACKGROUND CHECK FORM

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Person contacted \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ address \_\_\_\_\_

Relationship to applicant:

Former employer - position \_\_\_\_\_

District, business, or other entity \_\_\_\_\_

Personal reference

Method of contact:  Telephone  Letter  Other \_\_\_\_\_

### QUESTIONS FOR EMPLOYERS

Dates of employment \_\_\_\_\_

Position held \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Was the person reliable? \_\_\_\_\_ If no, explain \_\_\_\_\_

Was the person satisfactory? \_\_\_\_\_ If no, explain \_\_\_\_\_

Any concern about the person being late to work without authorization? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any concern with abuse of leave policies (such as sick leave or personal leave)? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any difficulty establishing communication and rapport with children? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any difficulties in establishing communication and rapport with supervisors, parents, or community members? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Did the person ever receive a written counseling statement, letter of direction, or reprimand? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Did the district ever consider taking action or take action to suspend, decline to renew, or dismiss the employee? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Was there ever an allegation or complaint about:

Abusive language? \_\_\_\_\_

Insulting or derogatory comments? \_\_\_\_\_

Inappropriate contact with a child? \_\_\_\_\_

Verbal or physical contact of a sexual nature? \_\_\_\_\_

Dishonesty? \_\_\_\_\_

Substance abuse? \_\_\_\_\_

Failure to provide adequate supervision? \_\_\_\_\_

Failure to follow reasonable directions or instructions? \_\_\_\_\_

If yes on any of the above, get explanation \_\_\_\_\_

\_\_\_\_\_

Was the person ever involved in an incident that resulted in injury to an adult or child? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Would you rehire this person? \_\_\_\_\_

\_\_\_\_\_

Can you identify anyone else who could provide relevant information regarding the applicant's fitness for employment? \_\_\_\_\_

\_\_\_\_\_

Is there any other information I have not asked about that would help us determine this person's eligibility, qualifications, and suitability for employment with our District? \_\_\_\_\_

\_\_\_\_\_

**QUESTIONS FOR PERSONAL REFERENCE**

How long have you known the applicant? \_\_\_\_\_

What is the nature of your relationship? \_\_\_\_\_

Why do you think the applicant would be a good choice for this position?

\_\_\_\_\_

Do you know of any reasons that could prevent the applicant from fulfilling the functions of the position? \_\_\_\_\_

\_\_\_\_\_

Background check form completed by \_\_\_\_\_

Date completed \_\_\_\_\_