

APPLICATION AND EMPLOYMENT PROCESS

1. Complete the entire Application Packet which includes:

Application for Employment

Agreement Authorization, Waiver, and Release

Job Performance Statement

A copy of Transcript(s) of college/university work (official transcript(s) required upon employment)

If you are considered a finalist, a Criminal History Affidavit will be required.

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

It is the responsibility of the applicant to obtain required materials and have them sent to the personnel office. Applications are kept on file for one year from the date submitted. If the applicant has not been employed within this time the application will be destroyed unless the applicant submits a letter updating the application and requesting continued consideration.

Mail applications to:

Office of the Superintendent
Clayton Municipal Schools
323 South Fifth Street
Clayton, NM 88415

2. All certified new hires are required to be licensed. Licensure applications can be picked up at the Superintendent's office or by contacting New Mexico State Department of Education, Education Building, Professional Licensure Unit, 300 Don Gaspar, Santa Fe, NM 87501-2786 phone: (505)-827-6587 <http://sde.state.nm.us/div/ais/lic/index.html>. This process must take place prior to employment. *In the case of licensed employees, a copy of a license should be included in the application packet.*
3. All 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. *In the event that the criminal background check is not satisfactory, employment offer will be withdrawn.*

It is the expressed policy and purpose of Clayton Municipal Schools to provide educational and employment opportunities, without regard to race, color, sex, ethnicity, national origin, religion, age, handicap or any other prohibited basis in conformity with the laws of the United States and the State of New Mexico.

**CLAYTON MUNICIPAL SCHOOLS
APPLICATION FOR EMPLOYMENT**

1. Date Submitted _____

2. Name _____
a. Last First Middle

b. Other names under which information may be received (transcripts, etc.)

4. Present Address _____
Street/P.O Box
City State Zip Phone w/area code

5. Permanent Address _____
Street/P.O Box
City State Zip Phone w/area code

5a. **PERSONAL DATA (5a. Optional unit offered a position)**

Social Security No. _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____ Number of Dependents: _____

5b. If offered a position, will you provide the information requested in Item #5a? _____ (Yes/No)

5c. If offered a position, can you supply the required documentation to verify your lawful right to work in the United States? _____ (yes/no)

6. Position sought:

a. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Substitute Teacher |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Secretarial/Clerical |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Maintenance/Custodial |
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Bus Driver/Substitute |

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

c. Coaching/Extracurricular Activities: _____

d. Special Skills or Qualifications: _____

e. Date of Availability: _____

7. Scholastic Preparation

College/University of Specific Training and Address	Degree, # Semester Hours, # Training Hours	Major/Minor	GPA When A=4.0

8. Licensure Data

Type of License & No.	State of Issuance	Expiration Date	Specific Areas of Endorsements

PROFESSIONAL EXPERIENCE
(list in reverse chronological order)

9. EMPLOYER (SYSTEM OR CO.)	DATES	TOTAL MONTHS	SUBJECT TAUGHT OR JOB PERFORMED

10. **ORGANIZATIONS – ACTIVITIES – INTERESTS**

11. **To be completed by teacher and administrative applicants only:**
In your own handwriting, write a paragraph or two on one of the following topics: (a) your philosophy of education, (b) autobiography, (c) discipline in the classroom, (d) teaching the slow learner, (e) integration of educational technology.

12. References: Include individuals familiar with your work performance and job skills.

a. Name: _____ Position: _____
Address: _____ Telephone No.: _____

b. Name: _____ Position: _____
Address: _____ Telephone No.: _____

c. Name: _____ Position: _____
Address: _____ Telephone No.: _____

I hereby certify that the above information furnished on this application is true and correct. Further, I agree that if any of the information is false, such shall constitute grounds for the termination of any contract of employment which might be granted to me.

Applicant's Signature

Date

Clayton Municipal Schools is committed to the philosophy of equal opportunity/equal access in all its employments, educational programs, activities and services and does not discriminate on the basis of race, color, national origin gender, sexual orientation, creed, religion, age, marital or parental status, mental or physical handicapping condition.

CLAYTON MUNICIPAL SCHOOLS
323 SOUTH FIFTH STREET
CLAYTON, NM 88415
575-374-9611

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 agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of employment. Failure to provide all or part of the information requested may result in the refusal of the Clayton Municipal Schools (School District) to further consider me for possible employment.

I hereby authorize the School District and its agents to investigate my work history and education history (including three-tiered evaluations, where applicable) 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.

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 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 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, 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 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.

Signature of Applicant

Date

Printed Name of Applicant

Clayton Municipal Schools

323 South Fifth Street

Clayton, New Mexico 88415

Phone (575)-374-9611

Fax (575)-374-9881

Mrs. Stacy Diller
Superintendent

Mr. Ray Maestas
Clayton High School Principal
Mrs. Christina Hidalgo
Clayton Junior High Principal
Mrs. Janis Ruf
Kiser Elementary Head Teacher
Special Education Director
Mrs. Christina Hidalgo
Alvis Elementary Principal

JOB PERFORMANCE STATEMENT

I, _____, declare that I do not have an existing physical problem that would prevent me from performing my job duties in a safe and efficient manner. If I develop any physical difficulty in performing my job duties in a safe and efficient manner, I will immediately notify my supervisor.

SIGNATURE

DATE

WITNESS

I understand that if I knowingly and willfully conceal or make a false representation about the above given information I shall be entitled to no future compensation benefits.

SIGNATURE

DATE

WITNESS

Clayton Municipal Schools

323 South Fifth Street

Clayton, New Mexico 88415

Phone (575)-374-9611

Fax (575)-374-9881

Mrs. Stacy Diller
Superintendent

Mr. Ray Maestas
Clayton High School Principal
Mrs. Christina Hidalgo
Clayton Junior High Principal
Mrs. Janis Ruf
Kiser Elementary Head
Teacher
Special Education Director
Mrs. Christina Hidalgo
Alvis Elementary Principal

CRIMINAL HISTORY AFFIDAVIT

Applicant/New Employee/Volunteer

Dear Applicant: Most positions with the Clayton Municipal Schools involve some level of contact with our student population. As part of creating a safe environment for students, we ask that you provide the information on this form to help us evaluate your suitability to perform in this unique capacity. Your application for employment will be considered incomplete and will not be further considered if you fail 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 of your application or will be sufficient and just cause for termination or discharge of your 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, and I acknowledge the ramifications if there are misrepresentations or omissions of fact in my responses.

The conviction of a crime or any affirmative answer provided by you on this insert is NOT an automatic bar to employment. The Clayton Municipal Schools will consider the nature of any conviction or alleged conduct underlying the affirmative response and the position for which you are applying. Pursuant to State law if and when your application successfully continues in the application process following initial review and you have been selected for an interview, this Affidavit will then be included in your application for employment for review by the interview committee. This will allow you the opportunity to address any responses contained within your Affidavit and allow the interview committee to obtain further information on your application and your suitability for employment.

PLEASE ANSWER THE QUESTIONS CONTAINED IN SECTION I AND SECTION II.

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

If you answer "yes" to any of the questions, please attach a statement explaining your answer to include information such as the case number, name of jurisdiction/court involved and date of the matter.

_____ I certify that the statements I attach to this form give a true, accurate, and full account of any offenses described in this Affidavit that I may have committed, been convicted of, been indicted for, or been charged with in this state or any other jurisdiction.

The crimes or violations of law referred to in this Affidavit include any and all crimes or violations of law in which the victim or the person affected by the crime or violation is a child regardless of whether the crime or violation is specifically designated for the protection of a child including but not limited to the following for your review in answering the questions in Section I and Section II:

1. Sexual abuse of a minor
2. Incest
3. Sexual assault
4. Sexual exploitation of a minor
5. Contributing to the delinquency of a minor
6. Distribution of marijuana, or controlled substances
7. Commercial sexual exploitation of a minor
8. Domestic violence against a child or children
15. Kidnapping
16. Arson
17. Burglary or Robbery
18. D.U.I./D.W.I.
19. Criminal Sexual Penetration
20. Enticement of a Child
21. Child Pornography
22. Criminal Sexual Contact

- 9. Child abuse
- 10. Molestation of a child
- 11. Sexual conduct with a minor
- 12. Aggravated assault of a minor
- 13. First or second-degree murder
- 14. Involuntary/Voluntary manslaughter

- 23. Criminal Sexual Contact with a Minor
- 24. Indecent Exposure
- 25. Distribution controlled substances to a minor
- 26. Delivery to a minor of drug paraphernalia
- 27. Aggravated indecent exposure
- 28. Aggravated assault on a minor

1.	Are you currently being charged with or awaiting trial for any crime or violation of law listed above or any other crime or violation of law in which the victim or person affected by the crime or violation is a child?	__yes __no
2.	Have you ever been convicted of, and/or have you ever admitted committing any crime or violation of law listed above or any other crime or violation of law in which the victim or person affected by the crime or violation is a child?	__yes __no
3.	Have you ever been put on and/or are you currently on probation in this jurisdiction or any other jurisdiction related to any crime or violation of law.	__yes __no
4.	Have you ever had your criminal record expunged for successful completion of a probationary period of time in which the original crime or violation of law is listed above or was any other crime or violation of law in which the victim or person affected by the crime or violation is a child?	__yes __no
5.	Have you ever been convicted of a sexual offense as a juvenile?	__yes __no
6.	Have you ever been convicted of a drug-related offense as a juvenile?	__yes __no
7.	Have you ever been investigated for, charged with, convicted of, pled guilty or no contest (<i>no lo contendere</i>) to any crime involving sexual contact or sexual abuse of another person as a juvenile or as an adult?	__yes __no
8.	Have you ever been charged with, pled guilty or no contest (<i>no lo contendere</i>) to, or been convicted of any other crime as a juvenile?	__yes __no
9.	Have you ever had a criminal charge or violation of law deferred upon any completion of conditions such as treatment or completion of a probationary period?	__yes __no
10.	Have you ever been charged with a crime where the charges were dismissed without prejudice by the district attorney's/prosecutor's office?	__yes __no

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

If you answer "yes" to any of the questions, please attach a statement explaining your answer to include information such as the name of the employer or agency involved, case number and date of the matter.

_____ I certify that the statements I attach to this form give a true, accurate, and full account of any offenses described in this document that I may have committed, been convicted of, been indicted for, or been charged with in this state or any other jurisdiction.

1.	Are you presently being investigated or under any administrative procedure to consider your discharge or termination for misconduct by your present employer or have you offered or has your present employer requested a resignation of your employment in lieu of completing a formal termination or discharge of your employment?	__yes __no
2.	Have you ever been disciplined in the form of a demotion or involuntary transfer, terminated, discharged, or have you offered or been asked to resign from a prior position for workplace misconduct?	__yes __no
3.	Have you been asked or offered to resign from a prior position for reasons other than job performance reasons?	__yes __no
4.	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual harassment involving physical contact with another person, of sexual abuse of another person, of mishandling of funds, or of criminal conduct?	__yes __no
5.	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of off work misconduct?	__yes __no
6.	Have you ever been investigated by a child protection agency, including tribal or pueblo protection agencies related to your children or your supervision of other children?	__yes __no

7.	Has any child protection agency, including tribal or pueblo protection agencies ever taken an action, formally or informally, to condition or limit your supervision/access of your child or children under your supervision?	__yes __no
8.	Have you ever been investigated by an adult protection agency, including tribal or pueblo protection agencies related to your access or supervision of an adult incapable of caring for him or herself?	__yes __no
9.	Has any adult protection agency, including tribal or pueblo protection agencies ever taken an action, formally or informally, to condition or limit your supervision/access of an adult incapable of caring for him or herself?	__yes __no
10.	Has a department, agency, board or committee of any state ever suspended or revoked an occupational or professional license that you held for any period of time?	__yes __no
11.	Have you ever had unemployment benefits denied by any state?	__yes __no
12.	If you served in the military, is your discharge under circumstances other than honorable?	__yes __no
13.	Has any federal department or agency ever suspended or revoked an occupational, gaming or professional license that you held for any period of time?	__yes __no
14.	Has a department, agency, board or committee of any state ever suspended or revoked your driver's license for any reason other than a traffic violation or conviction?	__yes __no

I understand and agree that any offer of employment that I may receive, or have received, from the Clayton Municipal Schools is conditioned by law upon the School 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 or discharged by the School District immediately if any information contained in this Affidavit is inaccurate or relevant information has been omitted or if any information subsequently received by School District is inconsistent with any statement made by me on this Affidavit. I further understand and agree that the School District may take action related to a misrepresentation or omission on this Affidavit regardless of when discovered even following successful employment with the School District.

I authorize the Clayton Municipal Schools to check my personal and employment history, including without limitation, evaluations, criminal arrest and conviction records for both juvenile and adult, 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 the School District, 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