

ANIMAS PUBLIC SCHOOLS

P.O. Box 85

Animas, NM 88020

Telephone (505) 548-2299

Fax (505) 548-2388

An Equal Opportunity Employer

We Do Not Discriminate On The Basis of Race, Religion, Gender, Age, or Disability

TEACHING APPLICATION

AN APPLICATION WILL BE CONSIDERED ONLY IF IT IS COMPLETE WITH THE FOLLOWING INFORMATION.

Thank you for your interest in the Animas School District.

Preliminary screening will be made on basis of information contained in the application form, resume and other credentials as supplied.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

1. Complete application and all attachments thereto.
2. Letter of Application
3. Copies of Current College Transcripts (Official required upon employment)
4. SIGNED AUTHORIZATION FOR REFERENCE/INVESTIGATION COLLECTION.
5. Copy of your professional license or proof of eligibility.
6. Return with your application packet the **notarized and signed CRIMINAL HISTORY AFFIDAVIT AND AGREEMENT, AUTHORIZATION, WAIVER AND RELEASE FROM.**
7. Three letters of recommendation.
8. Have letters of reference and recommendation sent to: **SUPERINTENDENT PO Box 85, Animas, NM 88020**
9. Attach a current personal resume.
10. Attach any other information you feel will enhance your application.
11. I hereby authorize the Animas Public School District to obtain information related to employment. I understand the information is only for the use of the employer to whom it is mailed and not to be transferred to any other party.
12. I further hereby grant my permission to contact the references contained herein and any other references that the employer deems to be appropriate. I further grant permission to conduct a comprehensive investigation of my employment record, workers compensation record and personal background with previous employers, references, law enforcement agencies and child protective services units.

DATE OF APPLICATION		SOCIAL SECURITY NUMBER:		
LAST NAME		FIRST NAME		MIDDLE NAME
PRESENT STREET ADDRESS		CITY	STATE	ZIP CODE
ADDRESS TO WHICH YOU WISH NOTICES SENT		CITY	STATE	TELEPHONE #
HAVE YOU EVER BEEN CONVICTED OF A FELON? ____ YES ____ NO (IF YES, PLEASE INCLUDE COMPLETE INFORMATION AS EXPLAINED IN THE DISCLOSURE STATEMENT., "CRIMINAL HISTORY AFFIDAVIT" INCLUDED WITH THIS APPLICATION)		ARE YOU ABLE TO LEGALLY WORK IN THE UNITED STATES? ____ YES ____ NO		

PROFESSIONAL REFERENCES

INCLUDE ONLY PERSONS WHO KNOW YOUR WORK PROFESSIONALLY, INCLUDING PRESENT EMPLOYER, LIST SCHOOL DISTRICT BY NAME OR NUMBER ALL MATERIAL OBTAINED THROUGH THE APPLICATION PROCESS BECOMES THE PROPERTY OF ANIMAS PUBLIC SCHOOL DISTRICT. ADDITIONAL REFERENCES MAY BE INCLUDED IN RESUME.

NAME	STREET/CITY/STATE/ZIP CODE	TELEPHONE #	OFFICIAL POSTION
1.			
2.			
3.			

LAST REASON FOR LEAVING LAST POSITION:

NON-PROFESSIONAL REFERENCES

LIST THREE PERSONS TO WHOM WE CAN REFERR CONCERNING YOUR STANDING IN THE COMMUNITY YOU LIVE OR HAVE LIVED. ADDITIONAL REFERENCES MAY BE LISTED IN RESUME (DO NOT LIST RELATIVES.)

NAME	STREET/CITY/STATE/ZIP CODE	TELEPHONE #	OFFICIAL POSTION
1.			
2.			
3.			

EDUCATIONAL AND PROFESSIONAL TRAINING

PLEASE LIST IN ORDER OF ATTENDANCE, ALL EDUCATIONAL INSITUTIONS ATTENDED, THE INFORMATION ON ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.

NAME OF INSTITUTION	CITY/STATE	SEMESTER HOURS	MAJOR
	FROM DATE/TO DATE	DEGREE OR DIPLOMA	MINOR
1.			
2.			
3.			
4.			

GRADUATE

NAME OF INSTITUTION	CITY/STATE	SEMESTER HOURS	MAJOR
	FROM DATE/TO DATE	DEGREE OR DIPLOMA	MIONOR
1.			

NON TEACHING EXPERIENCE (In Chronological Order)

INCLUSIVE DATES				TYPE OF WORK	LOCATION		HOURS PER WEEK	NAME & ADDRESS OF EMPLOYER
FROM		TO			CITY	STATE		
MO.	YR.	MO.	YR.					

TEACHING OR SCHOOL ADMINISTRATION EXPERIENCE (In Chronological Order)

INCLUSIVE DATES				FULL OR PART TIME	REGULAR OR SUBSTITUE	LOCATION		TYPE OF SCHOOL PUBLIC OR PRIVATE	SCHOOL DISTRICT NAME & ADDRESS PRINCIPAL/SUPERVISOR
FROM		TO				CITY	STATE		
MO.	YR.	MO.	YR.						

ENTER TOTAL # OF YRS. IN REGULAR PUBLIC FULL-TIME

IF MORE SPACE IS NEEDED USE PAGE 4

READ AND SIGN:
I UNDERSTAND ANY FALSE STATEMENTS OR MISREPRESENTATION OF FACTS OF ANY PORTION OF MY COMPLETED APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL.

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE, ACCURATE AND FULL DISCLOSURE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WAIVE THE RIGHT TO HOLD LIABLE THOSE PERSONS WHOSE NAMES APPEAR ON THE APPLICATION FORM.

I HEREBY WAIVE ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING THIS INFORMATION, WHICH ARISE FROM SUPPLYING INFORMATION CONCERNING MY BACKGROUND TO THE ANIMAS PUBLIC SCHOOL DISTRICT.

I ALSO UNDERSTAND THAT I MUST HAVE A VALID NEW MEXICO LICENSE, SUBMIT A HEALTH CERTIFICATE (AT MY OWN EXPENSE), AND FILE ALL TRANSCRIPTS WITH THE PERSONNEL OFFICE.

____ I HAVE
 ____ I HAVE NOT

BEEEN RELEASED FROM A SIMILAR POSITION OR BEEN ASKED TO RESIGN FOR ANY REASON. (IN THE EVENT THAT THE APPLICANT HAS BEEN RELEASED OR ASKED TO RESIGN EXPLANATION SHOULD BE GIVEN ON PAGE 4 OR A SEPARATE SHEET).

WRITTEN SIGNATURE OF APPLICANT:

 Sign name as you would like it to appear on our records

ADDENDUM

In your own handwriting, write a paragraph or two on 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.

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505.548.2299 (Office)

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505.548.2649 (H.S. Fax)
<http://www.animask12.net>



**DISTRICT
ADMINISTRATION**

SUPERINTENDENT
Jerry Birdwell

HS PRINCIPAL
RUBEN AGUALLO

**K-8 PRINCIPAL
SPECIAL ED. DIR.**
KARLA STINEHART

**DISTRICT GUIDANCE
COUNSELOR**
YVONNE SELENSKY

**SCHOOL BOARD
OF
EDUCATION**

PRESIDENT
ROSANNE CARBINE

VICE PRESIDENT
LEVI KLUMP

Secretary
JODY HATCH

MEMBER
DAVID JOHNSON

MEMBER
SCOTT RICHINS

POLICY REGARDING BACKGROUND INVESTIGATIONS

This policy is issued by the Board of Education to all administrators and employees involved in employment and personnel functions.

All applicants for employment with the district are subject to work history, education history, and reference investigations, including but not limited to substitutes and temporaries. Each finalist or applicant recommended for employment will be subject to a criminal background investigation, including mandatory fingerprinting, at his or her expense, as a condition of employment or of further consideration for employment.

Effective immediately, all applicants for employment will be required to read and sign an Authorization and Agreement form, a copy of which is attached. All background checks on applicants will be conducted through the central office.

All offers of employment shall be expressly contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from employment, but pursuant to the Criminal Offender Act NMSA 1978 28-2-4 and 28-2-5, may be the basis for refusing employment. Information from background checks shall not be disclosed except to persons directly involved in the certification or employment decision involving the applicant or employee.

The administration may also conduct the referenced background investigations of incumbent employees if it becomes aware of facts, circumstances, or conduct that give rise to a reasonable suspicion that undisclosed aspects of the employee's background might disqualify him or her to continue in employment with the district.

Pursuant to state law, the Superintendent will report to the State Department of Education any known conviction of a felony or misdemeanor involving moral turpitude of a certified school employee that results in any type of action against the school employee. All certified administrators shall report any such information to the Superintendent.

All administrators and employees involved in employment and personnel functions shall acknowledge this directive by returning a signed copy to the Superintendent.

Acknowledged:

SIGNATURE

PRINTED NAME

ANIMAS PUBLIC SCHOOLS

DISTRICT
ADMINISTRATION

SUPERINTENDENT
JERRY BIRDWELL

HS PRINCIPAL
RUBEN AGUALLO

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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. Failure to provide all or part of the information requested may result in the refusal of the Animas 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 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 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) such conviction 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 Animas School District and its agents for employment decisions, and will not be transferred to any other entity without my hand written authorization unless required to be disclosed upon request by either New Mexico or federal law.

Signature of Applicant

Date

Printed Name of Applicant