



EMPLOYMENT APPLICATION
CERTIFIED POSITION

GADSDEN INDEPENDENT SCHOOL DISTRICT
Post Office Drawer 70
Anthony, New Mexico 88021

Name: _____ Social Security No. _____

Address: _____ Telephone No.: _____

I. To the applicant: Please read the following and sign below.

1. The Gadsden Independent School District is an equal opportunity employer, and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.

2. Position Desired:

- a. Check all that apply: Administrator Counselor
 Educational Assistant Librarian Teacher
 Other: _____

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

c. Date of availability: _____

3. Please let us know if you require an accommodation to allow you to complete the application form, or for any other aspect of the application process.

*4. You must complete this application in full and provide **all** information requested. If you do not have all the requested information with you, take the application with you, and return it completed at a later date. **An incomplete application will not be considered.***

5. The provision of any false, incomplete, or misleading statements on this application, on any other documents submitted with it, or as part of any other phase of the employment process, will result in the applicant=s disqualification or discharge, regardless of when the misrepresentation or omission

is discovered.

6. Applicants, including those for substitute and temporary positions, are subject to work history and education history checks, and to reference investigations. Finalists will also be subject to a criminal background investigation, including mandatory fingerprinting, at the applicant's expense, as a condition of further consideration for employment.

7. All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, but pursuant to the Criminal Offender Employment Act, NMSA 1978 §28-2-4 and §28-2-5, may be a basis for refusing employment.

I have read and understood the foregoing: _____
Applicant's Signature

II. EDUCATION

College or University	Address/Telephone No.	Years Attended	Major	Degree and year	Name of contact or reference

[Continue on separate sheet if necessary]

III. STUDENT TEACHING EXPERIENCE *[must be completed if applicant has completed fewer than three full consecutive school years in education]*

School Name	School Address & Telephone No.	Start-End Dates	Courses or Grades	Name of Supervisor

[Continue on separate sheet if necessary]

IV. LANGUAGE SKILLS *[other than English]*

Language	Speak (yes or no)	Read (yes or no)	Write (yes or no)

V. CERTIFICATION

State	Certificate No.	Endorsements

[Continue on separate sheet if necessary]

VI. EMPLOYMENT HISTORY

Note to Applicant: Include all employers since high school. Account for any gaps in employment history - e.g., if attending school, identify school and dates; if self-employed, give name and address of business and name and telephone number of business reference; if unemployed, give your address and telephone number during period of unemployment.

Employer Name	Employer Address and Telephone Number	Dates of Employment	Position(s) Held	Immediate Supervisor	Reason(s) for Leaving (please be specific)

[Continue on separate sheet if necessary]

VII. EMPLOYMENT HISTORY AFFIDAVIT

To the Applicant:

Most positions with the District involve contact with our student population. You must provide the information requested below to help us evaluate your suitability to perform in this capacity. *As with the rest of this application, any misrepresentation or omission of fact may be grounds for disqualification or discharge, regardless of when the misrepresentation or omission is discovered*

An affirmative answer provided by you on this insert is NOT an automatic bar to employment. The District will consider the nature of any alleged conduct underlying an affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the alleged conduct underlying the affirmative response and the position for which you are applying.

I, _____, being an application for, or having been offered, a position with the District, certify that this document is true, accurate, and full disclosure of my professional background history.

SECTION A (Please check the appropriate "yes" or "no" box for the following questions)

1.	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?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Have you ever been reprimanded for misconduct? Have you ever been disciplined for misconduct? Have you ever been discharged for misconduct? Have you ever resigned, or been asked to resign, from a prior position for misconduct?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <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 inappropriate sexual contact with another person? Or involving your employer=s investigation for sexual abuse of another person?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

NOTE: If you have answered yes to any of the questions above, please attach sheet(s) explaining in detail. Include the date of the misconduct in question, and sign and date each sheet in the upper right corner.

I understand and agree that any offer of employment that I may receive, or have received, from the District is conditioned upon the district=s receipt of information pursuant to a check of my 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 District is inconsistent with any statement made by me on this affidavit.

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

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

Applicant's Signature

Date

Printed Name

Social Security Number

State of _____)

§

County of _____)

Subscribed and sworn to before me this ____ day of _____, 2010.

My Commission Expires
(SEAL)

Notary Public

VIII. GENERAL

I have been known by the following other names: _____

I am authorized to work in the United States on the basis of __ U.S. citizenship; __ alien identification card; ___neither.

If employed, I would be interested in coaching or sponsoring the following extra-curricular activities:

Activity	Prior Experience (no. years) and name of school

Have you previously been employed with the District?

- Yes Position: _____ Dates: _____
- No

Have you previously applied for employment with the District?

- Yes Date: _____
- No

Are any of your relatives employed by the District?

- Yes Name: _____ Position: _____
- No

By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to the best of my knowledge.

Date:

Signature



Gadsden Independent School District

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. Criminal Background Checks.

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. Public Disclosure of Applicant Names and Application Materials.

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