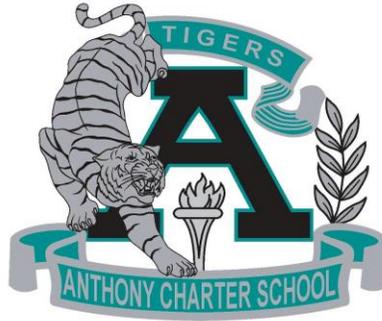


# Substitute Application



Return to:  
**Anthony Charter School**  
**P.O. Box 355**  
**Anthony, NM 88021**  
 Phone: (575) 882-0600  
 Fax: (575) 882-2116  
 Email: dmarmolejo@acsnm.org

*“An Equal Opportunity Employer”*

Dear Applicant,

Thank you for your interest Anthony Charter School. Our school district is interested in securing the services of the best teachers available. 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 Interview
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 any Public School 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.

**AN APPLICATION OVER ONE YEAR WILL AUTOMATICALLY BE DEACTIVATED.**

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

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 Substitute 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 substitute 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             |                                    |

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

WORK EXPERIENCE	<b>WORK EXPERIENCE AND REFERENCES</b>							
	<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.</p>							
	<b>DATES</b> FROM TO MO/YR MO/YR	<b>FT* PT*</b>	<b>EMPLOYER</b> NAME AND COMPLETE MAILING ADDRESS	<b>POSITION &amp; TITLE</b> GRADE LEVEL OR SUBJECT	<b>TITLE &amp; FULL</b> NAME OF IMMEDIATE SUPERVISOR	<b>PHONE</b> NUMBER OF SUPERVISOR	<b>NAME IN WHICH</b> YOUR RECORDS ARE RECORDED	<b>REASON FOR</b> LEAVING

\*FT = FULL TIME \*PT = PARTTIME

<b>POSITION DATA</b>	<p><b>EMPLOYMENT PREFERENCES:</b> Indicate below the level/subject combination(s) in which you are endorsed or qualified to teach.</p> <p><u>Elementary (K-5)</u>  Grade Level Qualified (Circle top 3 choices)                      K            1            2            3            4            5            No Preference</p> <p><u>Middle School (6-8)</u>  Subject Area Qualified 1) _____ (2) _____ (3) _____ (4) _____ (5) _____</p> <p><u>High School (9-12)</u>  Subject Area Qualified (1) _____ (2) _____ (3) _____ (4) _____ (5) _____</p> <p><u>Special Education:</u>  Area Qualified: Elementary _____ Middle _____ High School _____ No Preference _____  School Psychologist _____ Speech Language Pathologist _____ Diagnostician _____</p> <p><u>Support Service Provider:</u>  Area Qualified: Social Worker _____ School Nurse _____ Reading/Math Specialist _____  Counselor _____ Other _____</p>
<b>COACHING / SPONSORS</b>	<p><b>ACTIVITIES</b> (Check the following which you are able to coach, direct or sponsor. Circle "B" for Boys and/or "G" for Girls)</p> <p>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 _____</p>
<b>VERIFICATION</b>	<p>Are you currently authorized to work in the United States?                      Yes _____                      No _____</p> <p>What is the basis for the authorization? _____</p> <p>Have you ever been convicted of a misdemeanor or felony?                      Yes _____                      No _____</p> <p>Have you ever plead guilty to a misdemeanor or felony?                      Yes _____                      No _____</p> <p>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.</p> <p><b>I understand that the Las Cruces Public 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.</b></p> <p>PLEASE NOTE</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><i>THIS APPLICATION IS INCOMPLETE IF NOT ACCOMPANIED BY ITEMS 1-11 LISTED ON PAGE 1 OF THIS APPLICATION.</i></p> </div> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of Applicant</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

**PHONE: (575) 882-0600/ FAX: (575) 882-0602**

*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 Anthony Charter School to further consider me for possible employment.

I hereby authorize Anthony Charter School and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that Anthony Charter School will send a copy 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 ANTHONY CHARTER SCHOOL 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 Anthony Charter School 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**

\_\_\_\_\_  
ACS USE ONLY



**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) 827-5821**

**[LicensureUnit@state.nm.us](mailto:LicensureUnit@state.nm.us)**

**<http://www.ped.state.nm.us>**