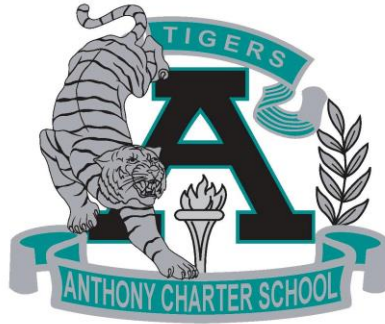


Substitute Application



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

EDUCATION/TRAINING	LIST ALL SCHOOLS ATTENDED				
	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	STUDENT TEACHING EXPERIENCE						
	Dates From <small>MO/YR</small> TO <small>MO/YR</small>		SUBJECT/ GRADE LEVEL	Cooperating Teacher	School	SCHOOL/ADDRESS CITY/STATE	PHONE NUMBER
	UNIVERSITY SUPERVISOR		UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE			PHONE NUMBER

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

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

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