

EMPLOYMENT APPLICATION

NON-CERTIFIED POSITION

DULCE INDEPENDENT SCHOOLS

Post Office Box 547

Dulce, New Mexico 87528

Name: _____ Social Security No. _____

Address: _____ Telephone No.: _____

City, State, Zip: _____

Position Applying for: _____

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

1. The Dulce Independent Schools (the District) is an equal opportunity employer, and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.
2. 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.
3. *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.*
4. 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..
5. 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.
6. 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

Name of School	Address/Telephone No.	Years Attended (From-To)	Graduation Date

[Continue on separate sheet if necessary]

III LANGUAGE SKILLS *[other than English]*

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

IV. CERTIFICATIONS/LICENSES

Type of License or Certification	State	Certificate/License No.

[Continue on separate sheet if necessary]

V. EMPLOYMENT HISTORY

Note to Applicant : Include all employer's 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]

VI. CRIMINAL 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. Pursuant to New Mexico statutes, all applicants for employment are expected to provide us with this information. *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*

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

The crimes referred to in this document include but are not limited to:

- | | | | |
|---|---|-----------------------------------|---|
| 1. Abandonment or abuse of a child | 9. Trafficking controlled substances | 17. Indecent exposure | 25. Sale, delivery, display of sexually oriented material to minors |
| 2. Sexual abuse of a minor | 10. Distributing controlled substances to a minor | 18. Aggravated indecent exposure | 26. Prostitution |
| 3. Incest of a minor | 11. Delivery to a minor of drug paraphernalia | 19. Aggravated assault on a minor | 27. Patronizing prostitutes |
| 4. Sexual assault of a minor | 12. A dangerous crime against a child or children | 20. Murder | 28. Promoting prostitution |
| 5. Sexual exploitation of a minor | 13. Criminal sexual contact of a minor | 21. Voluntary manslaughter | 29. Accepting earnings of a prostitute |
| 6. Sexual exploitation of a minor by prostitution | 14. Molestation of a child | 22. Kidnaping | 30. D.U.I./D.W.I. |
| 7. Contributing to the delinquency of a minor | 15. Criminal sexual penetration | 23. Arson | |
| 8. Enticement of a child | 16. Criminal sexual conduct | 24. Burglary or Robbery | |

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

SECTION A (Check ONE of the following statements)

I certify that I am not awaiting trial on, I have never been convicted of, and/or have never admitted committing, any of the offenses described in this document in this state or any similar offense or offenses in any other jurisdiction, and that I have never been put on, and am not currently on, probation in this jurisdiction of any other jurisdiction.

OR

I certify that the statements (see NOTE at bottom of Section B) I attach to this form give a true, accurate, and full account of any offenses described in this document that I may have committed or been charged with in this state or any other jurisdiction.

SECTION B (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 every 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
4.	Have you ever been convicted of a sex-related offense? Have you ever been convicted of a drug-related offense?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
5.	Have you ever been charged with sexual abuse of another person? Have you ever been investigated for sexual abuse of another person?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
6.	Have you ever been charged with any crime involving sexual abuse of any person or any other	<input type="checkbox"/> yes <input type="checkbox"/> no

VII. 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

DULCE INDEPENDENT SCHOOLS

Post Office Box 547
Dulce, New Mexico 87528
(505) 759-3353

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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Dulce Independent Schools (the District) to further consider my application.

I hereby authorize the District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the 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 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 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 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

ULCE INDEPENDENT SCHOOLS

DISTRICT NO. 21
Administrative Offices
DULCE, NEW MEXICO 87528

Telephone (575) 759-3225
Fax (575) 759-3533

Post Office Box 547
113 Hawk Drive

TO: All Substitutes
FROM: Dr. Ralph Friedly, Superintendent

Please be advised of the Dulce Independent School District's process for payment for all substitutes.

Evidence of all time to be paid must be made with the use of a time card. (Ask your building secretary to label a time card for you, and show you how to use the time clock before you begin working).

You will be paid on an hourly basis. The hourly amount depends on your education; see below:

\$8.00 per hour	All non-certified positions
\$9.00 per hour	High School Diploma /GED (sub teacher)
\$15.00 per hour	Bachelor's Degree or higher (sub teacher)
\$20.00 per hour	NM Teaching Certification (sub teacher)

The total amount of hours for a school day shall not exceed seven (7) hours, but could be less, according to your time card. If you are called to sub and then discover that you are not needed, you will be paid for one (1) hour show-up time.

All time is presented to the Payroll Office in the form of a payment voucher. The time from your time card is transferred to the payment voucher, which will determine the amount you will be paid.

IMPORTANT: When you receive your time card please sign it immediately. Your time card must be signed before it is sent to payroll (see attached example).

Also attached is a payroll calendar showing the payroll dates. You may pick up your paycheck on the payroll date at the Administration office. If you do not pick it up on payday, your check will be mailed the following week.

