



PUEBLO OF LAGUNA
DEPARTMENT OF EDUCATION
PO Box 207, Laguna, NM 87026

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Notice: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a background check will be conducted as a condition of employment. Native American Preference. Applications submitted will be shredded 6 months after application date, if not hired.

NON-CERTIFIED APPLICATION

1. LAST NAME		FIRST NAME		MIDDLE INITIAL
2. POSITION APPLYING FOR:		3. EMAIL ADDRESS		TEACHING LICENSE NUMBER (if applicable)
4. MAILING ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE NUMBER		5. DRIVER'S LICENSE NUMBER		EXPIRATION DATE
ARE YOU A VETERAN? ____ YES ____ NO		6. SOCIAL SECURITY NUMBER:		7. Are you authorized to work in the U.S.? ____ YES ____ NO

8. EDUCATION: List the universities you have attended. Begin with the Most Recent	Dates Attended				DEGREE
	FROM		TO		
	Month	Yr.	Month	Yr.	

9. List other teaching endorsements you possess.

10. TEACHING AND OTHER EMPLOYMENT EXPERIENCE (list your five (5) most recent employers, list the most recent first and work your way back)

A. Employer/School District and Address:	Position/Title Grade or Subject	Years Worked		Total Years	Reason for Leaving
		From	To		
Immediate Supervisor's Name:		Phone Number:			

B. Employer/School District and Address:	Position/Title Grade or Subject	Years Worked		Total Years	Reason for Leaving
		From	To		
Immediate Supervisor's Name:		Phone Number:			

C. Employer/School District and Address:	Position/Title Grade or Subject	Years Worked		Total Years	Reason for Leaving
		From	To		
Immediate Supervisor's Name:		Phone Number:			

D. Employer/School District and Address:	Position/Title Grade or Subject	Years Worked		Total Years	Reason for Leaving
		From	To		
Immediate Supervisor's Name:		Phone Number:			

E. Employer/School District and Address:	Position/Title Grade or Subject	Years Worked		Total Years	Reason for Leaving
		From	To		
Immediate Supervisor's Name:		Phone Number:			

APPLICATION CONTINUATION

11. PERSONAL REFERENCES: List three (3) people who know you well. They should be good friends, co-workers, peers, roommates, etc. and who have known you for at least five (5) years. Do not list relatives or anyone who is listed elsewhere on this application.

A. Name	Email Address:	Years Known From To	Phone Number:
Mailing Address:			
B. Name	Email Address:	Years Known From To	Phone Number:
Mailing Address:			

C. Name	Email Address:	Years Known From To	Phone Number:
Mailing Address:			
12. Do you have relatives working for the Laguna Department of Education? <input type="checkbox"/> YES <input type="checkbox"/> No			
If you answered yes, please list their names: _____			
13. GENERAL INFORMATION:			
A. If presently employed, may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. BACKGROUND INFORMATION: For all questions, provide all additional required information in the space provided or on item 16. Ensure full name and the last four digits of social security number is on any attachment to this application. If you answered yes, for items "A - G", please provide the date, explanation of the violation, disposition of the arrest or charge(s), place of occurrence, and the name and address of the police department or court involved. Use Item 16 below, if more space is needed.			
A. Are you currently under charges for any violation of law? If "YES", provide the date, explanation of violation, statement regarding the circumstances which led to the occurrence, location, name, and address of the court involved. <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a copy of documentation relating to the occurrence.			
B. Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C. During the last five (5) years, have you been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES" provide, explanation of the violation, statement regarding the circumstances that led to the occurrence, location, name, and address of court involved. Provide a copy of the police report and any related court documents. <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Have you been convicted by a military court martial in the past five (5) years? If "YES", provide the date, explanation of violation, statement regarding the circumstances which led to the occurrence, location, name, and address of the court involved. Provide a copy of documentation relating to the occurrence. <input type="checkbox"/> Yes <input type="checkbox"/> No			
E. During the last five (5) years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal Employment? If "YES" to provide the date, an explanation of the problem, reason for leaving, employers name and address Provide a copy of any documentation relating to the occurrence. <input type="checkbox"/> Yes <input type="checkbox"/> No			
F. Are you delinquent on any Federal Debt? Include delinquent Federal Taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student loans and home mortgage loans. If yes, provide the circumstances which led to the delinquency, the type, length, amount and when the delinquency first began. Also describe any steps you have taken to correct or repay the debt. Include copy of any payments or payment arrangements. <input type="checkbox"/> Yes <input type="checkbox"/> No			
G. In the last 5 years have you illegally used any controlled substance, for example; marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) amphetamines, depressants, (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			

15. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.

1) Month/Year From: To: Present	Street Address & Mailing Address:	City:	State
2) Month/Year From: To:	Street Address & Mailing Address	City:	State
3) Month/Year From: To:	Street Address & Mailing Address	City:	State
4) Month/Year From: To:	Street Address & Mailing Address	City:	State
5) Month/Year From: To:	Street Address & Mailing Address	City:	State

16. Other:

I authorize the Laguna Department of Education to obtain any record of criminal history with the understanding that such information held in confidence and used solely for the purpose of evaluating my application. I certify that my responses to these questions are made under the Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification or omission shall be cause for dismissal from, or refusal of employment. I hereby authorize the Pueblo of Laguna Department of Education to request any information from my previous employer(s) and I authorize any references to release such information.

Applicant's Signature: _____ Date: _____