

# ROY MUNICIPAL SCHOOLS

P.O. Drawer 430  
525 Roosevelt St  
Roy, NM 87743  
Ph (575) 485.2242 Fax (575) 485.2497

## CERTIFIED APPLICATION

NOTE: Application will remain active for the calendar year

### For Personnel Office Use Only

_____ Placement File	_____ NM License
_____ NMTA Scores	_____ Transcripts
_____ Signed Release	_____ Background Check
_____ Appl Complete	_____ Ref. Letters Mailed

School Year \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Updated \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (MI) (Maiden Name)

Other Name (s)

(Please provide any other information relative to change of name, use of an assumed name or nickname, necessary to enable a check on your work or school record.)

Current Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Alternate Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers Current \_\_\_\_\_ Alternate \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

Social Security Number \_\_\_\_\_ e mail \_\_\_\_\_

### CERTIFICATION/LICENSURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment(NMTA)? ☐ Yes ☐ No

If not, indicate where you are in this process: \_\_\_\_\_

Year of Expiration of New Mexico Certificate/License: \_\_\_\_\_ (Please attach a copy)

List all endorsements: \_\_\_\_\_

B. If you have been issued a certificate/license in another state(s), enclose a photocopy.

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Licenses/Endorsements \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Licenses/Endorsements \_\_\_\_\_

C Have you taken a teacher qualifying test in another state? ☐ No ☐ Yes Passing Scores? ☐ No ☐ Yes

### MARK THE BOXES TO INDICATE POSITIONS FOR WHICH YOU DESIRE AND ARE/CAN BE LICENSED TO FILL.

<input type="checkbox"/> Elementary Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Library Media
<input type="checkbox"/> Secondary Teacher	<input type="checkbox"/> Diagnostician	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Counselor
<input type="checkbox"/> Special Ed. Teacher	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other _____		

**CONFLICT OF INTEREST:** Please list any relative(s) you have who serve on the Board of Education or who are employed by the Roy Municipal Schools: \_\_\_\_\_

### FOR PERSONNEL OFFICE USE ONLY

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Interviewed For: \_\_\_\_\_ Date: \_\_\_\_\_

## LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

(list chronologically)

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRAD. (COLLEGE ONLY)	SCHOOL CONTACT NAME & PHONE NUMBER

HOW MANY SEMESTER HOURS HAVE YOU EARNED AFTER YOUR HIGHEST DEGREE WAS GRANTED? \_\_\_\_\_

## STUDENT TEACHING EXPERIENCE

DATES:		SUBJECT GRADE LEVEL	COOPERATING TEACHER	SCHOOL	SCHOOL ADDRESS CITY/STATE	PHONE NUMBER
FROM MM/YY	TO MM/YY					
UNIVERSITY SUPERVISOR		UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE			PHONE NUMBER

## ESTIMATE THE NUMBER OF SEMESTER HOURS OF COLLEGE CREDIT FOR EACH SUBJECT LISTED BELOW:

<input type="checkbox"/> Agriculture <input type="checkbox"/> Biology <input type="checkbox"/> Drama/Theatre <input type="checkbox"/> Government <input type="checkbox"/> Industrial Tech. <input type="checkbox"/> Library Science <input type="checkbox"/> Physical Ed. <input type="checkbox"/> Reading <input type="checkbox"/> Spanish	<input type="checkbox"/> Art <input type="checkbox"/> Business Ed. <input type="checkbox"/> English <input type="checkbox"/> Health <input type="checkbox"/> Journalism <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics <input type="checkbox"/> Science, General <input type="checkbox"/> Special Ed	<input type="checkbox"/> Band <input type="checkbox"/> Chemistry <input type="checkbox"/> ESL <input type="checkbox"/> History <input type="checkbox"/> Kindergarten/Pre-K <input type="checkbox"/> Music (Vocal) <input type="checkbox"/> Speech <input type="checkbox"/> Soc. St. (Other) <input type="checkbox"/> Technology	<input type="checkbox"/> Bilingual Ed. <input type="checkbox"/> Computer <input type="checkbox"/> French _____ German <input type="checkbox"/> F.A.C.S. <input type="checkbox"/> Lang. Arts (General) <input type="checkbox"/> Music (Instrumental) <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology <input type="checkbox"/> Vocational Ed
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Indicate below the level/subject combinations in which you prefer to work and are qualified to work.

### Elementary (Pre-school through Grade 6)

Circle top three choices      Pre-K    K    1    2    3    4    5    6    No Preference

### Middle School/Junior High School (Grades 7-8)

List subject area(s) preference    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_

### High School (Grades 9-12)

List subject area(s) preference    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_

### Special Education (Circle top two choices):

Lower Elem.    Upper Elem.    Middle School    High School    No Preference

**Coaching:** Circle B (boy) and/or G (girl) to indicate sport preferences. Check the box beside the activity to indicate Sponsor interest.

Baseball	B	<input type="checkbox"/>	Golf	B	G	<input type="checkbox"/>	Track	B	G	<input type="checkbox"/>	Cheerleaders	<input type="checkbox"/>
Basketball	B	G	<input type="checkbox"/>	Football	B	<input type="checkbox"/>	Volleyball	G	<input type="checkbox"/>	Student Council	<input type="checkbox"/>	
Cross Country	B	G	<input type="checkbox"/>	Softball	G	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Year Book	<input type="checkbox"/>		

**Administration (Circle School Level Preference):** Elementary    Middle    High School    Central Office    No Preference

Other: \_\_\_\_\_

<b>Work Experience – List positions held during the past ten years. Use additional sheets if necessary.</b>					
<b>Dates of Employment</b> FROM MM/YY		<b>Employer Name</b> Complete Mailing Address	<b>Position/Title</b> Grade Level/Subject	<b>Full Name of Supervisor</b>	<b>Supervisor Phone Numbers</b> Work/Home/Cell

**References** List three references. Include supervisors, principals, superintendents or others for whom you have worked who have first hand knowledge of your character, personality, and demonstrated competence for the position(s) for which you are applying. Provide ALL information necessary to allow us to contact these references.

<b>Name of Reference</b>	<b>Position/Relationship</b>	<b>Complete Mailing Address</b>	<b>Telephone Numbers</b> Work/Home/Cell

**Eligibility:** Are you a U.S. Citizen, or are you eligible to work in the U.S.? ☐ Yes ☐ No

This application will be placed on file for the calendar year for consideration when vacancies arise. It should be complete and accurate. Should you wish to be considered for future vacancies new applications must be submitted after December 31.

The Roy Municipal Schools states its intent to comply with the spirit of the law and regulations Title IX issued by the United States Department of Health, Education and Welfare which prohibits discrimination on the basis of sex in education programs or activities which receive federal funds extending to employment and administration of such programs and activities. No applicant will be discriminated against because of race, color, handicap, national origin, sex or age.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Roy Municipal Schools  
P.O. Drawer 430  
Roy, NM 87743  
Ph (575) 485.2242 Fax (575) 485.2497

**AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE**  
(To be completed by Applicant)

**A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE MAY BE SENT  
TO ALL REFERENCES.**

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 Roy Municipal School District to further consider me for possible employment.

I hereby authorize the Roy Municipal 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 which 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 SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.**

I understand and agree that, if I am considered as a finality 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 Section 22-10-3.3, NMSA 19778, and the Criminal Offender Employment Act (NMSA, 1978, Section 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 Roy Municipal School 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



**ROY MUNICIPAL SCHOOLS**  
**LEAD, ACHIEVE, SUCCEED**

Roy Municipal Schools

525 Roosevelt  
P.O. Box 430  
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Phone: 575-485-2242  
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www.royschools.org

## **NM Public Schools and Background Checks**

On an initial application for any school/charter personnel position (including staff, faculty, and volunteers), ask for:

1) A list of **all** previous positions held by the applicant involving “unsupervised contact with children or students.” Previous positions include positions held as a volunteer (i.e. boy scout leader, team sports coach, religious group leader, etc.) The list shall include the following information for each of these former employers:

- Name
- Address
- Telephone Number
- Other Relevant Contact Information
- Position Held

2) A written statement describing whether the applicant:

- Has ever been under investigation for, or has been found to have violated, any state or federal statute relating to child abuse or neglect, sexual misconduct or any sexual offense, unless the allegations were false or unsubstantiated.
- Has ever been under investigation for, or found to have violated, any ethical rule or policy approved by a former employer that previously employed the applicant, including the outcome of the investigation, unless the allegations were false or unsubstantiated.
- Has ever had a professional license or certificate denied, suspended, surrendered, or revoked due to a finding of child abuse or ethical misconduct or while allegations of child abuse or ethical misconduct were pending or under investigation.

3) A written authorization/waiver that authorizes disclosure of information requested and the release of related records by the applicant’s previous employers, releasing the applicant’s previous employers from any liability related to the disclosure or release of records.

**Please see the attached samples for each of the items above.**

*Note: Do not request any information regarding criminal convictions on the initial application. This information can be requested only after the applicant has been determined to be a finalist for the position.*

## Previous Positions Held

Please list below all current and former employers in which you had unsupervised access with children or were a volunteer in a position involving unsupervised contact with children or students.

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

Employer Name:	Position Held:
Address:	Phone Number:
Other Relevant Contact Information:	
Dates of Employment	From: To:

## Employment History Affidavit

To the Applicant: Most positions with [NAME OF EMPLOYER] involve contact with our student population. You must provide the information 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 is NOT an automatic bar to employment.

[NAME OF EMPLOYER] 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. If the alleged conduct is directly related to the position for which you have applied, you may be required to provide additional information. I, being an applicant for, or having been offered, a position with [NAME OF EMPLOYER] certify that this document is true, accurate, and a full disclosure of my professional background history.

	Yes	No
Are you eligible to work in the United States?		
Are you presently being investigated or under a procedure to consider your discharge for misconduct including child abuse or neglect, sexual misconduct, or any sexual offense by your present employer, or if you offered a resignation, your previous employer?		
Have you ever been under investigation for, or have been found to have violated, any state or federal statute relating to child abuse or neglect, sexual misconduct or any sexual offense, unless the allegations were false or unsubstantiated?		
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?		
Have you ever been under investigation for, or found to have violated, any ethical rule or policy approved by a former employer, unless the allegations were false or unsubstantiated?		
Have you ever had a professional license or certificate denied, suspended, surrendered, or revoked due to a finding of child abuse or ethical misconduct or while allegations of child abuse or ethical misconduct were pending or under investigation?		
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?		
Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation for sexual abuse of another person?		

NOTE: If you have answered yes to any of the questions above, please explain in detail in the text box below. Be sure to include the date of the misconduct in question.

# Applicant Waiver

## PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

**I understand that in order for my application to be considered, the following Affirmations must be initialed by me as the applicant.**

By my initials and signature below I, the applicant, certify that the information provided in or attached to this application is complete, accurate, true to the best of my knowledge, and current as of the date below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment.

\_\_\_\_ I hereby authorize [NAME OF EMPLOYER] to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. Such background check(s) may include but not be limited to my criminal record, driving record, employment history, and credit report. I understand the [NAME OF EMPLOYER] may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of [NAME OF EMPLOYER]'s choice.

\_\_\_\_ I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have.

\_\_\_\_ I authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [NAME OF EMPLOYER] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

\_\_\_\_ I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons or entities from any liability for any damage whatsoever for issuing this information.

\_\_\_\_ I understand that the use of illegal drugs is prohibited. In accordance with [NAME OF EMPLOYER] policy, I am willing to submit to drug testing to detect the use of illegal drugs after any job offer has been made, and prior to starting employment.

\_\_\_\_ I understand that an offer and acceptance of employment is not a contract for employment. No representative has authority to make any agreement contrary to the above except the [AUTHORIZED OFFICIAL] of [NAME OF EMPLOYER]. Any employment agreements will only be valid and binding when the agreement is expressly set forth in a written document signed by an authorized representative of [NAME OF EMPLOYER].

**By checking this box, you are certifying that you have read and agreed to all of the terms of the above statements.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ORIGINAL SIGNATURE AND DATE REQUIRED PRIOR TO OFFICIAL OFFER OF EMPLOYMENT**