Application and Employment Process

Complete the entire application Packet which includes:

- Application for Employment
- Agreement Authorization, Waiver, and Release
- Job Performance Statement



RATON PUBLIC SCHOOLS

*Teachers/Administrators - Copy of Transcript(s) of college/university work official transcript(s) required upon employment.

No candidate shall be eligible for employment unless his or her application packet is complete. Incomplete or unsigned applications will be discarded.

It is the responsibility of the applicant to obtain required materials and have them sent to the personnel office. Applications are kept on file for one year from the date submitted. If the applicant has not been employed within this time the application will be destroyed unless the applicant submits a letter updating the application and requesting continued consideration.

Mail applications to:

Office of the Superintendent Raton Municipal Schools 1550 Tiger Circle Raton, NM 87740

• All certified new hires are required to be licensed. Licensure applications will all need to be done on the online licensure portal at https://webnew.ped.state.nm.us/bureaus/licensure/ or by contacting New Mexico State Department of Education, Education Building, Professional Licensure Unit, 300 Don Gaspar, Santa Fe, NM 87501-2786 phone: (505) 827-5800 or email at licensureunit@state.nm.us.

This process must take place prior to employment.

In the case of licensed employees, a copy of a license or alternative license should be included in the application packet.

• All new hires will be required to complete a fingerprint and background check. This process must take place immediately after the offer of employment. All documents necessary for this process can be picked up at the Superintendent's office.

The Raton Municipal schools may take into consideration an applicant's criminal conviction after a review of the applicant's application and upon discussion of possible employment with the applicant, such as in an employment interview. Note that it is the Raton Municipal School's policy that an applicant who has certain criminal history may be disqualified from employment in particular positions with the Raton Municipal Schools.

It is the expressed policy and purpose of the Raton Municipal Schools to provide educational and employment opportunities, without regard to race, color, sex, ethnicity, national origin, religion, age, handicap or any other prohibited basis in conformity with the laws of the United States and the State of New Mexico.

RATON MUNICIPAL SCHOOLS APPLICATION FOR EMPLOYMENT

man	e	Last	First	Middle
Other ——		nformation may be receiv		
Prese	ent Address			
			Street/P.O. Box	
	City	State	Zip	Phone w/ area code
Perm	nanent Address			
			Street/P.O. Box	
	City	State	Zip	Phone w/area code
		PERSON	NAL DATA	
offe work	ered a position, car in the United Star	you supply the requires? yes/no	ired documentatio	on to verify your lawful righ
work ositi	in the United States	tes?yes/no	ired documentation	on to verify your lawful righ
work ositi	in the United Star	yes/nc		on to verify your lawful right
work ositi	on sought: Circle all that appl	yes/nc	В	
work ositi	on sought: Circle all that appl Administ Teacher	yes/nc	B S	usiness Manager
work ositi	on sought: Circle all that appl Administ Teacher	yes/no	B S S	usiness Manager ubstitute Teacher
work ositi	on sought: Circle all that appl Administ Teacher Counselo	yes/no	B S S	usiness Manager ubstitute Teacher ecretarial/Clerical
work	on sought: Circle all that appl Administ Teacher Counselo	yes/no	B S S M B	usiness Manager ubstitute Teacher ecretarial/Clerical faintenance/Custodial
work ositi	on sought: Circle all that appl Administ Teacher Counselo Coach Education Nurse	yes/no	B S S M B	usiness Manager ubstitute Teacher ecretarial/Clerical faintenance/Custodial sus Driver/Substitute
work ositi	on sought: Circle all that appl Administ Teacher Counselo Coach Education Nurse	y: rator r/Social Worker nal Assistant els/subject areas/assignm	B S M B Tr	usiness Manager ubstitute Teacher ecretarial/Clerical faintenance/Custodial tus Driver/Substitute utor/Volunteer/Contractor
work ositi	on sought: Circle all that appl Administ Teacher Counselo Coach Education Nurse Specific grade lev	y: rator r/Social Worker nal Assistant els/subject areas/assignm	B S M B Tr	usiness Manager ubstitute Teacher ecretarial/Clerical faintenance/Custodial tus Driver/Substitute utor/Volunteer/Contractor I to perform, in order of preference

7. Scholastic Preparation

High School/Prep/GED	Date Graduated	GED Completion	GPA
	Domes		G.P.A.
College/University or Specific Training	Degree, # Semester	Major/Minor	When
and Address	Hours, Training Hours	,	A=4.0

^{*}Please add additional pages as necessary

8. Licensure Data

Type of License & No.	State of Issuance	Expiration Date	Specific Areas of Endorsements

^{*}Please add additional pages as necessary

	ORGANIZATIONS – ACTIVITIES - INTERESTS	
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v <u>======</u>		
,		

a.	Name:	Title:
	Address:	Telephone No.:
		Relationship:
	Email:	ex: supervisor, co-worker, relative, friend etc.
b.	Name:	Position:
	Address:	
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	Email:	• • • • • • • • • • • • • • • • • • •
		Position:
c.	Name:	
	Address:	
	A	ex: supervisor, co-worker, relative, friend etc.
	Email:	
at if any o	tify that the above information of the information is false, such t which might be granted to me	furnished on this application is true and correct; and I agrashall constitute grounds for the termination of any contract.
	Applicant's Signature	Date

RATON MUNICIPAL SCHOOLS 1550 TIGER CIRCLE RATON, NM 87740 (575) 445-9111

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 agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of my employment at any point in time upon discovery. Failure to provide **all** or part of the information requested may result in the refusal of the Raton Municipal Schools to further consider me for possible employment.

I hereby authorize the School District and its agents to investigate my work history and education history (including three-tiered evaluations, if applicable) 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 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 **SUPPLYING** OR **ENTITY AGAINST** ANY PERSON **HAVE** MAY REDRESS Ι NOT LIMITED INFORMATION—INCLUDING **BUT** EMPLOYMENT-RELATED 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 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 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 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, 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 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	

JOB PERFORMANCE STATEMENT

l,	, certify that I am able to perform th h, or without a reasonable accommodation.
essential functions of the job eliner with	ii, or without a reasonable accommedation.
9	
	OLCH ACT DE
	SIGNATURE
	DATE
	WITNESS
Lunderstand that if I knowingly and wil	Ifully conceal or make a false representation, my
employment shall be terminated effect	immediately upon discovery of such falsification of thi
job application.	
	SIGNATURE
	SIGNATURE
	DATE
	WITNESS

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

Employer Name:		Position Held:
Address:		Phone Number:
Other Relevant Contact I	nformation:	
Dates of Employment	From:	To:
Email:		
Employer Name:		Position Held:
Address:		Phone Number:
Other Relevant Contact I	nformation:	
Dates of Employment	From:	To:
Email:		
Employer Name:		Position Held:
Address:		Phone Number:
Other Relevant Contact I	nformation:	
Dates of Employment	From:	То:
Email:		
Employer Name:		Position Held:
Address:		Phone Number:
Other Relevant Contact I	nformation:	
Dates of Employment	From:	То:
Email:		

^{*}Please add additional pages as necessary

Employment History Affidavit

To the Applicant:

Most positions with Raton Municipal Schools 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.

Raton Municipal Schools 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.

l, being an applicant for, or having been offered, a position with Raton Municipal Schools certify that this document is true, accurate, and full disclosure of my professional background history.

Signature:	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, from 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 the 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 the 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 book 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 you 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 that may utilize an outside firm or firms to assist it in checking such information. I specifically authorize such an investigation by information services and outside entities of '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 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 is 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 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 Superintendent. 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. By signing below, 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