



RATON PUBLIC SCHOOLS

## Application and Employment Process

1. Complete the entire digital application in a PDF document, save it to your device, and email it to [hr.support@ratonschools.com](mailto:hr.support@ratonschools.com). Handwritten applications will no longer be accepted. This packet includes:

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

**Work History  
Work History Affidavit  
Affirmations**

**\*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. A resume will not be accepted in lieu of the application, but may be attached. Each position opening will require a separate application.***

**Email applications to: [hr.support@ratonschools.com](mailto:hr.support@ratonschools.com)**

2. All certified new hires are required to be licensed. Instructions for licensing will be provided upon hiring or by contacting New Mexico State Department of Education, Education Building, Professional Licensure Unit, 300 Don Gaspar, Santa Fe, NM 87501-2786 phone:505-827-6587 <http://sde.state.nm.us/div/ais/lic/index.html> This process must take place prior to employment. ***In the case of licensed employees, a copy of a license(s) should be included in the application packet.***
3. All new hires will be required to complete a fingerprint and FBI background check. This process must take place immediately after the offer of employment. Instructions to complete your required background check will be provided when an offer of employment is extended. ***In the event that the criminal background check is not satisfactory, employment offer will be withdrawn.***

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 PUBLIC SCHOOLS APPLICATION FOR EMPLOYMENT

1. Date Submitted \_\_\_\_\_ Email address \_\_\_\_\_

2. Name \_\_\_\_\_  
Last
First
Middle

Other names under which information may be received (transcripts, etc.)

3. Present Address \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_

City                      State                      Zip                      Phone w/ area code

4. Permanent Address \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_

City                      State                      Zip                      Phone w/area code (REQUIRED)

5. Position Applying for:

a. Check all that apply:

- |  |   |           |
|--|---|-----------|
| <input type="checkbox"/> Administrator<br><input type="checkbox"/> Teacher<br><input type="checkbox"/> Counselor<br><input type="checkbox"/> Coach<br><input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Business Manager<br><input type="checkbox"/> Substitute Teacher<br><input type="checkbox"/> Secretarial/Clerical<br><input type="checkbox"/> Maintenance/Custodial<br><input type="checkbox"/> Bus Driver/Substitute | Volunteer |
|--|---|-----------|

b. Specific grade levels/subject areas/assignments you are qualified to perform, in order of preference.

\_\_\_\_\_

\_\_\_\_\_

c. Coaching/Extracurricular Activities: \_\_\_\_\_

d. Special Skills or Qualifications: \_\_\_\_\_

6. Scholastic Preparation

| High School/Prep School<br>and Address | Graduation<br>Date | GED Completion<br>Date | G.P.A. |
|--|--------------------|------------------------|--------|
|  |                    |                        |        |

|  |   |                    |                          |
|--|---|--------------------|--------------------------|
|  |   |                    |                          |
| <b>College/University or Specific Training and Address</b> | <b>Degree, # Semester Hours, Training Hours</b> | <b>Major/Minor</b> | <b>G.P.A. When A=4.0</b> |
|  |   |                    |                          |
|  |   |                    |                          |
|  |   |                    |                          |
|  |   |                    |                          |

7. Licensure Data

| <b>Type of License &amp; No.</b> | <b>State of Issuance</b> | <b>Expiration Date</b> | <b>Specific Areas of Endorsements</b> |
|----------------------------------|--------------------------|------------------------|---------------------------------------|
|                                  |                          |                        |                                       |
|                                  |                          |                        |                                       |

**PROFESSIONAL EXPERIENCE**  
(list in reverse chronological order)

| 8. EMPLOYER<br>(SYSTEM OR COMPANY) | DATES | TOTAL MONTHS | SUBJECT TAUGHT<br>OR JOB PERFORMED |
|------------------------------------|-------|--------------|------------------------------------|
| _____                              | _____ | _____        | _____                              |
| _____                              | _____ | _____        | _____                              |
| _____                              | _____ | _____        | _____                              |
| _____                              | _____ | _____        | _____                              |
| _____                              | _____ | _____        | _____                              |

9. **ORGANIZATIONS – ACTIVITIES - INTERESTS**

10. **To be completed by teacher applicants:**

Include a paragraph or two on one of the following topics: (a) your philosophy of education, (b) autobiography, (c) discipline in the classroom, (d) integration of educational technology.

11. References. Include individuals familiar with your work performance and job skills.  
Listed References will be contacted prior to interviewing.

- a. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_
- b. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_
- c. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information furnished on this application is true and correct; and I agree that if any of the information is false, such shall constitute grounds for the termination of any contract of employment which might be granted to me.

\_\_\_\_\_  
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. Failure to provide all or part of the information requested may result in the refusal of the Raton Public 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 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 CONFIDENTIALTY.

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, 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 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

## **JOB PERFORMANCE STATEMENT**

I understand that if I knowingly and willfully conceal or make a false representation about the above given information I shall be entitled to no future compensation benefits.

*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, may result in the applicant's disqualification, discharge, or termination, regardless of when the misrepresentation or omission is discovered.*

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**SIGNATURE**

---

**DATE**

## WORK HISTORY

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

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

|   |                   |
|---|-------------------|
| <b>Employer Name:</b>                   | <b>Position:</b>  |
| <b>Supervisor Contact Name:</b>         | <b>Phone No.:</b> |
| <b>Supervisor Email:</b>                |                   |
| <b>Employment Dates: From:</b>          | <b>To:</b>        |
| <b>Additional Relevant Information:</b> |                   |

## EMPLOYMENT HISTORY AFFIDAVIT

Most positions at Raton Municipal Schools involve contact with our students. You are required to provide the requested information below to assist in the evaluation of your suitability to perform in this capacity. 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 on this form is NOT an automatic disqualification.

Raton Municipal Schools will consider the nature of the 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 certify that this document is true, accurate and full disclosure of my professional background employment 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 were offered a resignation from any 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?  |     |    |
| Have you ever been reprimanded for misconduct?  |     |    |
| Have you ever been disciplined for misconduct?  |     |    |
| Have you even been discharged for misconduct?   |     |    |
| Have you ever resigned or been asked to resign from an employment position for misconduct?  |     |    |
| Have you ever been under investigation or found to have violated any ethical rule or policy by an employer?   |     |    |
| Have you ever had a professional license or certificate denied, suspended, surrendered or revoked due to misconduct involving child abuse or ethical misconduct?  |     |    |
| Have you ever resigned from a position without being asked, but under investigation of circumstances involving inappropriate sexual contact with another person?  |     |    |
| Have you ever resigned from a position without being asked, but under investigation of circumstances involving sexual abuse or neglect?   |     |    |

IF YOU HAVE ANSWERED YES TO ANY QUESTION ABOVE, USE THIS SPACE TO EXPLAIN IN DETAIL THE CIRCUMSTANCES AND DATE OF MISCONDUCT IN QUESTION.

**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 the District 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 the District, 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:**\_\_\_\_\_