

Hondo Valley Public Schools

PO Box 55
Hondo, NM 88336
575-653-4411 FAX 575-653-4414

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 Hondo Valley Public Schools to further consider me for possible employment.

I hereby authorize the Hondo Valley Public School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Hondo Valley Public 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 HONDO VALLEY PUBLIC SCHOOL DISTRICT UNDER A GUARANTEE OF CONFIDENTIALITY.

I understand and agree that if I am considered as a finalist 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 the Criminal Offender Employment Act of New Mexico (NMSA 1978, 28-2, et seq.), such conviction may be the basis for refusing employment. I understand that, my employment offer is contingent upon the satisfactory completion of all background checks. 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 Hondo Valley Public 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

It is the policy of the Hondo Valley Public Schools to provide equal opportunity in employment or the provision of services to all employees and applicants for employment. No person shall be discriminated against in employment because of such individual's race, religion, color, age, sex, marital status, veteran status, national origin, or disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with necessary accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the executive director of Personnel that an accommodation is needed.

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FAX: 575-653-4414

Certified Employment Application

HVPS cannot guarantee to keep this application and certain other documents submitted with the application confidential. Complete application, sign, and return to HVPS, Personnel Department. It will remain active for 1 year from date received.

Applicant's Full Name _____
Last First Middle

Other name(s) Maiden Name _____
(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 Code

Telephone Numbers: _____ Home _____ Cell
_____ Work _____ Other

CERTIFICATION/LICENSURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment (NMTA)? _____
If not, indicate where you are in this process. _____

Year of Expiration of NM Certificate/License: _____ (also, please attaché photocopy of license)

LIST ALL ENDORSEMENTS

B. If you have been issued a certificate/license in another state(s), enclose a photocopy. Copy enclosed?
___ No ___ Yes

C. Are you fluent in languages other than English? ___ No ___ Yes
which language _____

MARK THE BOXES TO INDICATE POSITION FOR WHICH YOU DIESIRE AND ARE/CAN BE LICESNED TO FILL

- Elementary Teacher Secondary Teacher Special Ed Teacher
 Counselor Other Administrator

D. Circle academic areas below in which you have earned 24 or more semester hours:
 Language Arts Mathematics Social Studies Science Music Art

E. Circle academic areas below in which you would qualify for an endorsement or license:
 Special Ed. Bilingual Ed. Library Science Business Ed F.A.C.S
 Technology Physical Ed Early Childhood Reading Spanish
 Psychology Vocational Ed Industrial Tech French Drama
 Other (Please List) _____

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (list chronologically)

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR	DIPLOMA DEGREE	DATE CONFERRED	SCHOOL CONTACT NAME & PHONE #

HOW MANY SEMESTER HOURS HAVE YOU EARNED AFTER YOUR HIGHEST DEGREE WAS CONFERRED? _____

Indicate below the level/subject combination in which you prefer to work and are qualified to work.
 Elementary (Pre-school through Grade 6)

Circle top three choices: K 1 2 3 4 5 6 No preference

Middle School (Grades 7-8) / Freshman (grade 9)

List subject areas preference 1st _____ 2nd _____ 3rd _____

High School (Grades 10-12) 1st _____ 2nd _____ 3rd _____

Mark the appropriate information below to indicate your willingness to supervise co-curricular activities.

Coaching: Circle B (boy and/or G (girl) to indicate sport preferences. Circle Activity to indicate Sponsor Interest.

- Basketball B G Volleyball Track B G Cheerleaders
 Student Council Football B Drill Team Yearbook

WORK EXPERIENCE

Please account for all years following the completion of high school or grade last attended, beginning with the MOST CURRENT. Be sure to list any breaks in employment and state the reason. If any years are unaccounted for, your application may not be considered. If necessary, please attach a separate sheet. If you have more than one reference for an employer, please list names under supervisor column. (You may attach a resume with this information, but be sure to include ALL the information that is requested on this form.)

*Note: FT=Fulltime PT = Part time

Dates: From/ MM/YY		To MM/YY	FT PT	Employer Name and Complete Mailing Address	Position/Title Grade Level Subject	Title/Full Name or Supervisor	Name in Records at this Site	Reason for Leaving

REFERENCES:

List three most recent references. Include supervisors, principals, superintendents, or others whom you have worked and 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 FOR US TO CONTACT THESE REFERENCES.

NAME OF REFERENCE	POSITION/RELATIONSHIP	COMPLETE MAILING ADDRESS	CONTACT PHONE #

CONFLICT OF INTEREST: Please list any relative(s) you have who serve on the Hondo Board of Education or who are employed by the Hondo Valley Public Schools

ELIGIBILITY: Are you a U.S. Citizen, or are you eligible to work in the U.S.? (circle one) YES NO