

# Certified Application



Return to:  
Lake Arthur Municipal Schools  
P.O. Box 98  
700 Broadway  
Lake Arthur, New Mexico 88253  
Phone No.: (505) 365-2000  
Fax No.: (505) 365-2002  
Web Site: http://www.la-panthers.org

*“An Equal Opportunity Employer”*

Dear Applicant,

Thank you for your interest in the Lake Arthur Municipal Schools. Our school district is interested in securing the services of most highly qualified teachers available. In order to be eligible for openings which may occur in our district, a complete application must be on file.

1. The Lake Arthur Municipal Schools (the District) is an equal opportunity employer, and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.
2. Position Desired:
  - a. Check all that apply: ( ) Administrator ( ) Counselor ( ) Teacher ( ) Librarian
  - b. ( ) Educational Assistant ( ) Other: \_\_\_\_\_
  - c. Position Employment: Indicate below the level/subject combination(s) in which you are endorsed or qualified to teach.

Elementary (K-5)

Grade Level Qualified                    K        1        2        3        4        5

Middle School (6-8)

Subject Area Qualified 1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

High School (9-12)

Subject Area Qualified (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Bilingual Education:

Area Qualified: Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_ K-12 \_\_\_\_\_

Special Education:

Area Qualified: Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_ Pre-K-12 \_\_\_\_\_  
School Psychologist \_\_\_\_\_ Speech Language Pathologist \_\_\_\_\_ Diagnostician \_\_\_\_\_

Support Service Provider:

Area Qualified: Social Worker \_\_\_\_\_ School Nurse \_\_\_\_\_ Reading/Math Specialist \_\_\_\_\_ Counselor \_\_\_\_\_ Other \_\_\_\_\_

d. Date of availability: \_\_\_\_\_

3. Please let know if you require an accommodation to allow you to complete the application form, or for any other aspect of the application process.
4. *You must complete this application in full and provide all information requested. If you do not have all the requested information with you, take the application with you, and return it completed at a later date. An incomplete application **will not be considered.***
5. 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, will result in the applicant's disqualification or discharge, regardless of when the misrepresentation or omission is discovered.
6. Applicants, including those for substitute and temporary positions, are subject to work history and education history checks, and to reference investigations. Finalists will also be subject to a criminal background investigation, including mandatory fingerprinting, at the applicant's expense, as a condition of further consideration for employment.
7. All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the District, but pursuant to Criminal Offender Employment Act, NMSA 1978 § 28-2-4 and 28-2-5, may be a basis for refusing employment.
8. This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new application for employment.

I have read and understood the forgoing: \_\_\_\_\_

Applicant's Signature

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Listed below are the required documents needed for an application to be placed on file with our district.

1. Letter of Interest.
2. Current Resume.
3. Official Transcripts (Please check one of the following)

Attached

Not Attached, Reason \_\_\_\_\_

If you are currently or have previously been employed with the Lake Arthur Municipal Schools and have a transcript on file, please complete the blanks below.

Position Held \_\_\_\_\_, Dates of Employment \_\_\_\_\_

4. Three (3) letters of reference within the last (5) five years, one from immediate supervisor, (student teaching appraisal is acceptable).
5. Copies of New Mexico Licensure Exam scores or out-of-state licensure exam scores.
6. A copy of a current New Mexico Teaching License or a current out of state teaching license.
7. Ancillary applicants must attach a copy of the license issued by the appropriate licensing board.
8. Last two (2) years evaluation results from a New Mexico School District, if applicable.
9. Postcard, self-addressed/ stamped (applicant will only receive the postcard when their file is complete).

AN APPLICATION OVER NINETY DAYS WILL AUTOMATICALLY BE DEACTIVATED.

## I. DEMOGRAPHIC DATA

Social Security: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

M.I.

Jr., etc.

Current Address (Street Number, Apt., Street Name)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Mailing Address (P.O. Box) (If Different From Above)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Alternate Address (Street Number, Apt., Street Name)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Area Code Number

Area Code Number

Area Code Number

Email Address: \_\_\_\_\_

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### II. EDUCATION/TRAINING

College or University	Address/Telephone No.	Years Attended	Major	Degree and Year	Name of Contact or Reference

*[Continue on Separate Sheet if necessary]*

### III. STUDENT TEACHER EXPERIENCE [must be completed if applicant has completed fewer than three full consecutive school years in education]

School Name	Address/Telephone No.	Start-End Dates	Courses or Grades	Cooperating Teacher

*[Continue on Separate Sheet if necessary]*

University Supervisor	College/University	Complete Mailing Address	Phone Number

### IV. LANGUAGE SKILLS [other than English]

Language	Speak (yes or no)	Read (yes or no)	Write (yes or no)

### V. CERTIFICATION

State	Certificate No.	License	Endorsement

# Certified Application

**MAINTAINING APPROPRIATE LICENSURE IS THE RESPONSIBILITY OF THE INDIVIDUAL. UPON EMPLOYMENT, FAILURE TO MAINTAIN APPROPRIATE LICENSURE MAY BE CAUSE FOR TERMINATION.**

Do you now hold a current New Mexico License?  Yes  No If yes, you **must** include a copy of License(s)

If no, have you applied for New Mexico Licensure?  Yes  No If yes, Date applied: \_\_\_/\_\_\_/\_\_\_

Have you ever held a one year temporary teaching license (lacked required exams in New Mexico)?  Yes  No

If yes, indicate specific field \_\_\_\_\_

Indicate which sections of the New Mexico Teachers Assessments Exam you have taken:

**ASSESSMENTS:**  Basic Skills  Teacher Competency  None

**CONTENT KNOWLEDGE ASSESSMENTS:**  Elem. Education  Lang. Arts  Reading  Math  Science  
 Social Studies  None

Indicate which sections of the National Teachers Exam (NTE) you have taken.

Communication Skills  General Knowledge  Professional Knowledge  None

Do you hold a teaching license in another state?  Yes  No If yes, you **must** include a copy of the License(s)

Have you ever completed and passed out-of-state licensure exam(s)?  Yes  No If yes, you **must** include a copy of exam results.

**YOU MUST PROVIDE A COPY OF ALL EXAM RESULTS WHETHER YOU PASS OR NOT WITH THIS APPLICATION.**

Are you an Alternative Licensure Candidate?  Yes  No If yes, Have you contacted a college/university education department regarding your program?  Yes  No

## AREAS OF CERTIFIED SPECIALIZATION

\_\_\_ ELEMENTARY    \_\_\_ EARLY CHILDHOOD/KINDERGARTEN    \_\_\_ BILINGUAL CERTIFICATION    \_\_\_ ESL

\_\_\_ SECONDARY.    TEACHING FIELDS 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_ K-12    TEACHING FIELDS 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_ SPECIAL EDUCATION: AREA(S) OF SPECIALIZATION \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_ VOCATIONAL: AREA(S) OF SPECIALIZATION \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**OTHER:** \_\_\_ LIBRARIAN    \_\_\_ COUNSELOR    \_\_\_ NURSE    \_\_\_ DIAGNOSTICIAN    \_\_\_ SOCIAL WORKER

\_\_\_ SCHOOL PSYCHOLOGIST    \_\_\_ SPEECH THERAPIST    \_\_\_ OCCUPATIONAL/PHYSICAL

THERAPIST

\_\_\_ READING

\_\_\_ ADMINISTRATIVE

## CREDIT HOURS – INDICATE NUMBER OF SEMESTER HOURS EARNED FOR EACH SUBJECT AREA

___ ART	___ FRENCH	___ INDUSTRIAL ARTS	___ PSYCHOLOGY
___ BAND	___ GEOGRAPHY	___ JOURNALISM	___ READING
___ BILINGUAL ED.	___ GEOLOGY	___ KINDERGARTEN / EARLY CHILD	___ RUSSIAN
___ BIOLOGY	___ GERMAN	___ LATIN	___ SOCIAL STUDIES (Other)
___ BUSINESS/COMMERCIAL	___ GOVERNMENT	___ LIBRARY SCIENCE	___ SOCIOLOGY
___ CHEMISTRY	___ HEALTH	___ MATHEMATICS	___ SPANISH
___ EARTH SCIENCE	___ HISTORY	___ MUSIC (VOCAL)	___ SPECIAL ED (Hearing Impaired)
___ ECONOMICS	___ HISTORY (US)	___ ORCHESTRA	___ SPECIAL ED (GENERAL)
___ ENGLISH	___ HISTORY (WORLD)	___ PHYSICAL ED	___ SPECIAL ED (Visually impaired)
___ ESL	___ HOME ECONOMICS	___ PHYSICS	___ SPEECH/DRAMA
		___ SPEECH THERAPY	



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## VIII. EMPLOYMENT HISTORY AFFIDAVIT

To The Applicant:

Most positions with the District involve contact with our student population. You must provide the information requested 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 insert is NOT an automatic bar to employment. The District 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.

I, \_\_\_\_\_, being an applicant for \_\_\_\_\_, or having been offered, a position with the District, certify that this document is true, accurate, and full disclosure of my professional background history.

Section A: (Check the appropriate "yes" or "no" box for the following questions)

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or if you offered a resignation, your previous employer?  Yes  No
- 2a. Have you ever been reprimanded for misconduct?  Yes  No
- 2b. Have you even been disciplined for misconduct?  Yes  No
- 2c. Have you even been discharged for misconduct?  Yes  No
- 2d. Have you ever resigned, or been asked to resign, from a prior position for misconduct?  Yes  No
3. 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? OR involving your employer's investigation of sexual abuse of another person?  Yes  No

**Note: If you have answered yes to any of the questions above, please attach sheet(s) explaining in detail. Include the date of the misconduct in question, and sign and date each sheet in the upper right corner.**

I understand and agree that any offer of employment that I may receive, or have received, from the District is conditioned upon the district's receipt of information pursuant to a check of my professional history. I further understand and agree that I may be terminated by the district immediately if any information contained in this affidavit is inaccurate or if any information received by the District is inconsistent with any statement made by me on this affidavit.

I authorize the District to check my employment history, including without limitation, evaluations, reference checks, and release of investigatory information possessed by any private or public employer of any state, local, or federal agency. In connection with any request for or provision of such information, I expressly waive any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the District, its agents and officials, or any provided of such information.

I understand that all terms of employment or offers of employment are conditional until the required employment investigation is complete. I have read this authorization and release of all claims, and I expressly agree to the terms set forth herein.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Applicant's Name

\_\_\_\_\_  
Social Security Number

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires  
(Seal)

\_\_\_\_\_  
Notary Public

## IX. GENERAL

I have been know by the following other names:

I am authorize to work in the United States on the basis of \_\_\_ U.S. citizenship; \_\_\_ alien identification card; \_\_\_\_\_ neither.

Have you previously applied for employment with the District?

\_\_\_\_\_ Yes Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ No

Have you previously applied for employment with the District?

\_\_\_\_\_ Yes Date: \_\_\_\_\_  
\_\_\_\_\_ No

Are any of your relatives employed by the District?

\_\_\_\_\_ Yes Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_ No

If you are hired, can you supply proof of your age?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

.....  
*By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to be best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certified Application**  
**LAKE ARTHUR MUNICIPAL SCHOOLS**  
**700 Broadway P.O. Box 98**  
**Lake Arthur, NM 88253**  
**Ph: 575-365-2000 Fax: 575-365-2002**  
**Website: www.la-panthers.org**

**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 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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the Lake Arthur Municipal Schools (the District) to further consider my application.

I hereby authorize the District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the 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 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 DISTRICT.

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 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, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization may be subject to disclosure to persons outside the School District, including the media, to the extent such information is not expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPPA). (Results of criminal background checks, if requested are privileged and protected from public disclosure.

**As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant





**AFFIRMATIVE ACTION INFORMATION**

The information solicited on this page will be used for reporting in compliance with EEOC regulations. This pre-employment information form will be kept in a confidential file separate from the attached application. Providing this information is voluntary.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP CODE

\_\_\_\_\_ (AREA CODE) TELEPHONE NUMBER

*ETHNIC/RACIAL GROUP*

\_\_\_\_\_ WHITE \_\_\_\_\_ AMERICAN INDIAN  
\_\_\_\_\_ HISPANIC \_\_\_\_\_ ASIAN/PACIFIC ISLANDER  
\_\_\_\_\_ BLACK \_\_\_\_\_ OTHER

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO REQUEST AN APPLICATION PACKET FOR INITIAL NEW MEXICO LICENSURE**

PLEASE MAKE A WRITTEN REQUEST TO:

**New Mexico Public Education Department  
Education Building  
Professional Licensure Bureau  
300 Don Gaspar  
Santa Fe, New Mexico 87501-2786  
(505) 827-6587**

**TO OBTAIN INFORMATION ON NEW MEXICO LICENSURE REQUIREMENTS/REGULATIONS  
YOU MAY ACCESS THE NMPED WEBSITE AT:**

**ped.state.nm.us → questions about licensure? → licensure info**

Teacher applicants not currently licensed in New Mexico should also go to:

**View frequently asked questions-Licensure FAQ → Teachers**, to obtain information on the different ways to get licensed as a teacher in NM.

**Option 1-Approved Program**

**Option 2-Reciprocity**

**Option 3-National Board Certification**

**Option 4-Alternative Licensure**

Failure to provide a **complete** NM Licensure application packet to the NMPED Licensure Bureau, to include all documents listed from the specific Option selected, will slow down the licensure issuing process and/or the licensure applicant might not be issued their teaching license at their qualifying level.

**BLANK FINGERPRINT CARDS ARE AVAILABLE BY CALLING: (505) 827-6649**

**FOR NEW MEXICO TEACHER ASSESSMENTS INFORMATION REGARDING TESTING  
REGISTRATION, ADMINISTRATION PROCEDURES, ADMISSION TICKETS OR SCORE REPORTS,  
CONTACT:**

**New Mexico Teacher Assessments**

**Evaluation Systems**

**Pearson**

**P.O. Box 660**

**Amherst, MA 01004-9012**

**TELEPHONE: (413) 256-2884 or TOLL FREE (866) 613-3295**

**WEB SITE: [www.nmta.nesinc.com](http://www.nmta.nesinc.com)**

**FOR TRANSCRIPTS EVALUATION/EQUIVALENCY:**

World Education Services

PO Box 5087

Bowling Green Station

New York, NY 10274-5087

Fax: (212) 739-6100 Phone: (212) 966-6311

website address: [www.wes.org](http://www.wes.org) or email: [info@wes.org](mailto:info@wes.org)