



**INSTRUCTIONAL ASSISTANT
CLASSIFIED APPLICATION
An Equal Employment Opportunity Employer**

Return to:
Lake Arthur Municipal
Schools: Human Resources
700 Broadway, P.O. Box 98
Lake Arthur, NM 88253
Phone: (575) 365-2000
Fax: (575) 365-2002
<http://www.la-panthers.org>

PLEASE PRINT OR TYPE

A Complete application must be submitted to be considered for employment.

It is the applicant's responsibility to make sure your application is complete.

The application **MUST** include the following:

- 1. Completed Application
- 2. Highly Qualified Status Requirements:
 - A. Copy of high school diploma/GED AND copy of Para ProTest Scores OR
 - B. Copy of transcripts showing 48 credits with 15 credits in the following areas 3 Math, 3 reading, 3 writing, and 6 in teaching or education.
- 3. Three letters of recommendation written within the last 12 months. One must be from a current supervisor. If this is not possible, please contact the Human Resources Director before turning in your application.
- 4. Current Resume
- 5. Letter of Interest
- 6. 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.
- 7. 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.
- 8. *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.***
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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

**INSTRUTIONAL ASSISTANT
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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: _____

Do you speak, read or write any language, other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Languages Spoken _____	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Skills, Interests and Hobbies:		

(It is your responsibility to provide the school site/department with a copy of your letter of interest) A Criminal History Affidavit will be required for all interview finalists.		

CLASSIFIED APPLICATION

PLEASE CHECK POSITION EXPERIENCE BELOW

<input type="checkbox"/> Instructional Assistant				
<input type="checkbox"/> Bilingual * <input type="checkbox"/> Health <input type="checkbox"/> Physical Education <input type="checkbox"/> General <input type="checkbox"/> Overload	<input type="checkbox"/> Special Education <input type="checkbox"/> DD Pre <input type="checkbox"/> KIDS <input type="checkbox"/> Low Incident <input type="checkbox"/> SLI <input type="checkbox"/> Developmental	<input type="checkbox"/> Early Childhood/ Pre K <input type="checkbox"/> Head Start <input type="checkbox"/> Even Start <input type="checkbox"/> Parents As Teachers <input type="checkbox"/> Head Start Home Visitor	<input type="checkbox"/> Parent Involvement <input type="checkbox"/> Reading Lab <input type="checkbox"/> Math Lab <input type="checkbox"/> Computer Lab	<input type="checkbox"/> Assoc Librarian <input type="checkbox"/> Library Asst <input type="checkbox"/> Other <hr/> <input type="checkbox"/> All Openings

***UPON CONSIDERATION FOR EMPLOYMENT: BILINGUAL EDUCATIONAL ASSISTANT APPLICANTS must take a Proficiency Examination before being hired for Bilingual Positions. A Criminal History Affidavit will be required for all interview finalists.**

EDUCATION/TRAINING

NAME OF SCHOOL	MAILING ADDRESS	DATES ATTENDED	DIPLOMA OR GED
High School:			HS Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
University/Vocational School:			Degree/Number of Hours
1.			
2.			

WORK EXPERIENCE

Beginning with the present, please account for all years following the completion of high school or grade last attended. Be sure to list any periods of unemployment and state the reason. If any years are unaccounted for, your application will not be considered. If necessary, please attach separate sheet.

DATES (month/year)	EMPLOYER/OTHER Name, Address, City, State, Zip	SUPERVISOR Name and Number	POSITION HELD	REASON FOR LEAVING
1. From: To:				
2. From: To:				
3. From: To:				
4. From: To:				
5. From: To:				

INSTRUTIONAL ASSISTANT

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REFERENCES

NAME	ADDRESS (Street, City, State, & Zip Code)	PHONE NUMBER	YEARS KNOWN	RELATIONSHIP
1.				
2.				
3.				

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THEIR APPLICATION IS COMPLETE BEFORE TURNING IN THE APPLICATION.

I understand that the Lake Arthur Municipal Schools will obtain an FBI fingerprint background history on all applicants for employment. I hereby authorize the release of information and further release from liability any and all parties who may supply personal information concerning my employment.

SIGNATURE OF APPLICANT

DATE

APPLICANTS MUST RE-APPLY AFTER NINETY DAYS

Revised 11/2011

**LAKE ARTHUR MUNICIPAL SCHOOLS
700 BROADWAY, P.O. BOX 98
LAS CRUCES, NEW MEXICO 88253**

PHONE: (575) 365-2000 / FAX: (575) 365-2002

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

APPLICANT RETURN THIS FORM WITH YOUR APPLICATION AND REFERENCE CHECK FORMS

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

Social Security Number

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