

LOS ALAMOS PUBLIC SCHOOLS
751 Trinity Drive / P. O. Box 90
Los Alamos, NM 87544
Telephone (505) 663-2222
Fax (505) 663-2791
Website www.laschools.net

*An Equal Opportunity Employer.
We Do Not Discriminate On The Basis of Race, Religion, Sex, Age, or Disability.*

APPLICATION FOR CERTIFIED SCHOOL POSITION

Thank you for your interest in the Los Alamos Public Schools.

- Please note: Preliminary screening will be made on the basis of information contained in the LAPS employment application packet, resume, and other credentials as supplied. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR VACANCIES, WHICH MAY OCCUR.**
- Complete this application in its entirety- *"See Resume" is not sufficient.*
- Attach a copy of all College/University Transcripts- Official Transcripts will be needed at time of hire.
- Attach a copy of your current license or New Mexico initial licensure application. (If new to NM, complete and submit to NM Public Education Department the initial licensure application and fingerprint cards.)
- Provide last two years of Evaluations/PDP's/Reflections- New Mexico Teachers ONLY.
- Provide a copy of any Teacher Exams you have taken.
- Complete and sign the "Agreement, Authorization, Waiver, and Release" form.
- Complete and sign the "Criminal History Affidavit" form.
- Complete and mail to all past and present employer(s), the "Certified Reference Check" form.
Make copies as needed.
- Complete and mail to all past and present employer(s), the "Certified Employment Verification" form.
Make copies as needed.
- Attach any other information you feel will enhance your application.
- This application, once received by Los Alamos Public Schools Human Resources, will be kept in the active file for one school year.
- **Mail completed application to:**

**Los Alamos Public Schools
Human Resources Department
P.O. Box 90
Los Alamos, NM 87544**

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REV. 12/09

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APPLICATION FOR CERTIFIED SCHOOL POSITION

Incomplete Application will NOT be considered for vacancies, which may occur.

Date of Application: _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____

Have you ever been employed by Los Alamos Public Schools? Yes _____ No _____ If so, when? _____

Please list all other names used: _____

Are you able to legally work in the United States? Yes _____ No _____

Are you a retiree returning to work? Yes _____ No _____

Has your teaching certificate ever been revoked? Yes _____ No _____

Please list Position(s), Subject Area(s) or Grade(s) for which you wish to apply:

1. _____
2. _____
3. _____
4. _____
5. _____

NEW MEXICO LICENSE(S)

Licenses Held:	Endorsements:	Date of Expiration:

OTHER STATE LICENSE(S)

Licenses Held:	Endorsements:	Date of Expiration:

PROFESSIONAL REFERENCES

INCLUDE ONLY SUPERVISORS WHO KNOW YOUR WORK. IF YOU ARE PRESENTLY EMPLOYED, INCLUDE YOUR IMMEDIATE SUPERVISOR OR PRINCIPAL. ALL MATERIAL OBTAINED THROUGH THE APPLICATION PROCESS BECOMES THE PROPERTY OF LOS ALAMOS PUBLIC SCHOOLS.

NAME	ADDRESS	TELEPHONE #	OFFICIAL POSITION

EDUCATIONAL AND PROFESSIONAL TRAINING

PLEASE LIST, IN ORDER OF ATTENDANCE, ALL EDUCATIONAL INSTITUTIONS ATTENDED. THE INFORMATION ON ALL ITEMS BELOW SHOULD BE COMPLETE AND ACCURATE AS IT IS USED AS A PRELIMINARY BASIS FOR DETERMINING SALARY. ENTER SEMESTER HOURS ONLY. SEMESTER HOURS EQUAL QUARTER HOURS X .66.

UNDERGRADUATE

NAME OF INSTITUTION	CITY/STATE	DEGREE/SEMESTER HRS.	MAJOR/MINOR

GRADUATE

NAME OF INSTITUTION	CITY/STATE	DEGREE/SEMESTER HRS.	MAJOR/MINOR

READ AND SIGN:

I UNDERSTAND ANY FALSE STATEMENTS OR MISREPRESENTATION OF FACTS ON ANY PORTION OF MY COMPLETED APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL.

I HEREBY AUTHORIZE LOS ALAMOS PUBLIC SCHOOLS TO CONDUCT A REFERENCE AND CRIMINAL BACKGROUND CHECK AND INVESTIGATE ALL STATEMENTS AND INFORMATION PROVIDED ON THE APPLICATION. I UNDERSTAND THE INFORMATION IS ONLY FOR THE USE OF THE EMPLOYER AND SEARCH COMMITTEE TO WHOM IT IS MAILED AND NOT TO BE TRANSFERRED TO ANY OTHER PARTY. I UNDERSTAND THAT CONSIDERATION FOR EMPLOYMENT IS CONDITIONAL UPON THE RESULTS OF A REFERENCE CHECK.

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE A TRUE, ACCURATE, AND FULL DISCLOSURE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WAIVE THE RIGHT TO HOLD LIABLE THOSE PERSONS WHOSE NAMES APPEAR ON THE APPLICATION FORM.

I HEREBY WAIVE ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING INFORMATION CONCERNING MY BACKGROUND UNDER GUARANTEE OF CONFIDENTIALITY AND ALSO WAIVE ACCESS TO REVIEW CONFIDENTIAL INFORMATION OBTAINED.

I CERTIFY THAT THIS APPLICATION IS COMPLETE AND ACCURATE AND THAT ANY MISSTATEMENT OF MATERIAL FACTS WILL BE GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION IN THE SELECTION PROCESS, OR, IF HIRED, GROUNDS FOR DISCHARGE.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICANT PLEASE NOTE:

- With the No Child Left Behind Act, any teacher who has a New Mexico Teaching License that was issued **after January 8, 2002** is considered to be “Highly Qualified”.
- If your license was issued **prior to January 8, 2002**, you must have the “Highly Qualified” license to teach. There are three ways in which to become “Highly Qualified”, see below:
 1. Pass the appropriate New Mexico Teacher Assessment for your situation.
 2. If teaching in Middle School or High School, you must have at least 24 hours of coursework or an advanced degree in each subject that you teach.
 3. Hold certification from the National Board of Professional Teaching Standards in the area in which you teach.
- All documents obtained through the application process become the property of Los Alamos Public Schools and cannot be returned to the applicant.
- All of the above mentioned documents must be on file with the Human Resources Department to be considered for employment.

LOS ALAMOS PUBLIC SCHOOLS

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

(This side to be completed by applicant)

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 Los Alamos Public Schools (School District) to further consider me for possible employment.

I hereby authorize the School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School District may send a copy of the Agreement and Authorization to each individual or entity from whom it is seeking 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 may 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, 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 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, Section 28, Article 2), 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 Los Alamos 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

CRIMINAL HISTORY AFFIDAVIT

Dear Applicant: Most positions with Los Alamos Public Schools involve contact with our student population. We ask that you provide the information on this form to help us evaluate your suitability to perform in this capacity. Pursuant to New Mexico State Statutes, all applicants for employment are expected to provide us with this information. *This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination of employment regardless of when the misrepresentation or omission is discovered.*

PLEASE COMPLETE SECTIONS I AND II.

SECTION I (Check ONE of the following two statements)

I certify that I am not awaiting trial on, I have never been charged or convicted of, and/or have never admitted committing, any of the offenses described in this document in this state or any similar offense or offenses in any other jurisdiction, and that I have never been put on, and am not currently on, probation in this jurisdiction or any other jurisdiction.

OR

I certify that the statements (see NOTE at bottom of Section II) I attach to this form give a true, accurate, and full account of any offenses described in this document that I may have committed or been charged with in this state or any other jurisdiction.

SECTION II (Please 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, by your previous employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
2	Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?	<input type="checkbox"/> yes <input type="checkbox"/> no
3	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling funds, or of criminal conduct?	<input type="checkbox"/> yes <input type="checkbox"/> no
4	Have you ever been charged with a sex or drug-related offense?	<input type="checkbox"/> yes <input type="checkbox"/> no
5	Have you ever been charged with, investigated, pled guilty or no contest (nolo contendere), or been convicted of any crime involving sexual abuse of any person or any other crime?	<input type="checkbox"/> yes <input type="checkbox"/> no
6	Have you (a) ever been charged of a crime, other than a minor traffic offense; (b) ever entered a plea of guilty or a plea of "no contest," or (c) has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense?	<input type="checkbox"/> yes <input type="checkbox"/> no

NOTE: If you have answered yes to any of the previous six questions, please submit attached sheet(s) explaining in detail the date of the charge, the court action, the offense in question, and the address of the court involved, and sign and date each sheet. Mail the sheet(s) to: Los Alamos Public Schools, Human Resources Department, P.O. Box 90, Los Alamos, NM 87544.

The crimes referred to in this document include but are not limited to:

- | | | |
|---|--|-----------------------------------|
| 1. Sexual abuse of a minor | 7. Commercial sexual exploitation of a minor | 13. First or second degree murder |
| 2. Incest | 8. A dangerous crime against a child or children | 14. Voluntary manslaughter |
| 3. Sexual assault | 9. Child abuse | 15. Kidnapping |
| 4. Sexual exploitation of a minor | 10. Molestation of a child | 16. Arson |
| 5. Contributing to the delinquency of a minor | 11. Sexual conduct with a minor | 17. Burglary or Robbery |
| 6. Possession/Distribution of marijuana, dangerous, or narcotic drugs | 12. Aggravated assault of a minor | 18. D.U.I./D.W.I. |

I understand and agree that any offer of employment that I may receive, or have received, from Los Alamos Public Schools is conditioned by law upon the district's receipt of information pursuant to a fingerprint-based check of my personal and professional history. I further understand and agree that any offer of employment that may be made by the district may be withdrawn immediately, upon written notice by the district and without further process, on the basis of material omissions or false statements in this Affidavit or if any information received by Los Alamos Public Schools is inconsistent with any statement or omission made by me on this affidavit.

I authorize Los Alamos Public Schools to check my personal and employment history, including without limitation evaluations, criminal arrest and conviction records, reference checks, and release of investigatory information possessed by any private or public employer of any state, local, or federal agency. I expressly waive, in connection with any request for a provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against Los Alamos Public Schools, its agents and officials or any provider of such information.

I understand that all terms of employment or offer of employment are conditional upon completion of the required background investigation. I have read this authorization, release of all claims, and I do hereby swear and certify that this document is a true, accurate, and full disclosure of my personal and professional background history. I expressly agree to the terms set forth herein.

Printed Name

Date

Signature

Social Security Number

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CERTIFIED EMPLOYMENT VERIFICATION

Part I - To be completed by Applicant

Make copies as needed.

Name: _____

Social Security Number: _____

Was employed by: _____

City of: _____ State of: _____

Part II - To be completed by District or Organization

(ALL Past and Present)

The above applicant has applied for employment with the Los Alamos Public Schools. Please complete this form for the years of experience earned in your district or organization. Please use a separate line for each school year.

Beginning Month- Day-Year	Ending Month- Day-Year	Position Or Grade Assignment	Number of Days Worked	Hours Per Day	Specify Full-time or Part-time

Signature of Authorized Representative

Printed Name of Authorized Representative

District or Institution

City and State

Date

Please complete and return to:

**Los Alamos Public Schools
 Human Resources Department
 P.O. Box 90
 Los Alamos, NM 87544**

Fax (505) 663-2791

CERTIFIED REFERENCE CHECK

Applicant Name: _____

Kindly give your most candid appraisal of the above applicant. The applicant has authorized the Los Alamos Public School District to contact the references listed on the application. Furthermore, the applicant has agreed that all information obtained from the references shall be confidential and shall not be made available to the applicant. Your reply will be considered strictly confidential. **Consideration of the welfare of students, rather than a desire to help this person get a job, should be your guide in this evaluation.**

- RATING SCALE:**
- | | |
|-----------------------------|---|
| (1) ES = EXCEPTIONAL SKILL | Usually demonstrated only by experienced teachers |
| (2) DS = DEMONSTRATED SKILL | Normal level for teachers |
| (3) SK = SKILL DEVELOPING | Time is needed to develop skill |
| (4) LS = LACKING SKILL | No such skill demonstrated during observation |
| (5) NO = NOT OBSERVED | Not observed by the person doing this evaluation |

TEACHING SKILLS (check if appropriate)	ES	DS	SK	LS	NO
1. Uses appropriate instructional strategies					
2. Utilizes appropriate discipline techniques					
3. Presents subject matter in an organized manner					
4. Makes subject relevant to students					

As a new employee to LAPS he/she will require:

Little or no supervision or help Usual amount of supervision Considerable help & supervision

Appearance:
 Exceptionally well groomed & dressed Acceptably groomed & dressed Careless in grooming & dressing

Use of Data:
 Utilizes data to inform decisions Occasionally uses data to inform decisions Never uses data to inform decisions

Judgment:
 Very good judgment in all situations Adequately uses good judgment Frequently uses poor judgment

Cooperation:
 Works for the benefit of the group Must be encouraged to be team player Impedes teamwork

Tact/Common Sense:
 Says/does the right thing at the right time Occasionally is inappropriate in behavior Frequently is inappropriate in behavior

Response to Supervision:
 Respects supervisor/employee relationships Unsure of response to supervision Defiant in action/words to supervision

Initiative:
 Self directed to seek opportunities Must be directed to task Lacks initiative

Dependability:
 Will complete assigned tasks Must be reminded to complete tasks Does not follow through

Position of applicant when employed by you/your district or company? _____

Please list applicant's dates of employment by you/your district or company? _____

Have you seen the candidate perform in the position for which he/she has applied? Yes No

Do you know of any moral or ethical reason this person should not work with children? Yes No

Would you employ this person in the position for which he/she has applied? Yes No

Would you want a person of this caliber involved with your child's education? Yes No

GENERAL REMARKS OR EXPLANATIONS:

Signature: _____

District/Company: _____

Printed Name: _____

Address: _____

Position: _____

Date: _____

Return to: Los Alamos Public Schools- Human Resources, P.O. Box 90, Los Alamos, NM 87544, or Fax (505) 663-2791