

Des Moines Municipal Schools

PO Bx 38; 500 Des Moines Ave
Des Moines, New Mexico 88418
Phone: 575-278-2611 Fax: 575-278-2617

Creating Success Together . . . One Student at a Time

Classified and Certified Employee Application

Des Moines Municipal Schools IS AN EQUAL OPPORTUNITY EMPLOYER

Des Moines Municipal Schools does not discriminate on the basis of age, race, color, creed, national origin, sexual orientation, disability, or sex in its educational programs and activities (including employment and application for employment). It is prohibited from discriminating on the basis of sex by Title IX (20 U.S. C 1681) and on the basis of disability by the Americans with Disabilities Act (ADA) Section 504 (29 U.S.C. 794). Inquiries concerning the application of these laws should be directed to Human Resources

1. ***A fully complete application must be submitted to be considered for employment.***
2. Please let us know if you require an accommodation to complete this application form or for any other aspect of the application process.
3. The provision of any false, incomplete, or misleading statements on this application, or any documents submitted with this application 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.
4. Applicants, including those for substitute, temporary positions, or volunteers, are subject to work history and education verification checks, as well as reference investigations. Finalists will also be subject to a criminal background check, including mandatory fingerprinting, as a condition of further consideration for employment. Additionally, 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; however, pursuant to the Criminal Offender Employment Act, NMSA 1978 § 28-2-4 and 28-2-5, they may be a basis for refusing employment.

I have read and understood the above information:

Signature: _____

Employee Demographic Information

LEGAL NAME (LAST)	FIRST	MIDDLE	Do you go by any other names?

CURRENT ADDRESS	CITY	STATE	ZIP	CELL	WORK / HOME PHONE
MAILING ADDRESS (If different than above)	CITY	STATE	ZIP	CELL	WORK / HOME PHONE
EMAIL ADDRESS:					

POSITION APPLYING FOR:	
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Education, Licensure, and Skills

Education History

Please list all education completed, including high school/GED.

Please provide any official transcripts and supporting licensure documents.

School, College or University	Address/Campus	Years Attended	Major	Degree and year

Licensure Information and Credentials (If applicable)

Please list all licenses or certificates currently held. Please provide any supporting documentation.

License Name/Number	State Issued	Issue date	Expiration Date	Level of licensure

Additional credentials (If applicable)

If applicable, please list any additional credentials you hold. Please provide any supporting documentation.

Credential Name	Issued	Expiration	Additional information

Student Teaching Experience (If applicable)

Please list all relevant student-teacher experience.

NOTE: This must be completed if the applicant has completed fewer than three consecutive full years of education.

School Name	Contact Information	Start-End Date		Courses or Grades

Are you proficient in a language other than English? **(OPTIONAL)**

Language	Speak (Yes or No)	Read (Yes or No)	Write (Yes or No)

Employment/Volunteer History

Please list below **all** current and former employers and/or volunteer organizations, including any position you held with unsupervised access to children.

Write in order of most recent position held.

Employer/ Organization Name:	Position Held:	
List general duties and responsibilities:		
Address:	Phone Number:	
Email:		
Other Relevant Contact Information:		
Dates of Employment	From:	To:
<i>Reason for leaving:</i>		

Key takeaways from this position:

Challenges of this position:

Employer/ Organization Name:

Position Held:

List general duties and responsibilities:

Address:

Phone

		Number:
Email:		
Other Relevant Contact Information:		
Dates of Employment	From:	To:
<i>Reason for leaving:</i>		
<i>Key takeaways from this position:</i>		

Challenges of this position:

Employer/ Organization Name:		Position Held:
List general duties and responsibilities:		
Address:		Phone Number:
Email:		
Other Relevant Contact Information:		
Dates of Employment	From:	To:

Reason for leaving:

Key takeaways from this position:

Challenges of this position:

******You must list all past employers. If the allotted space is insufficient, please provide additional page(s).***

Employment History Affidavit

Most positions with Des Moines Municipal Schools involve contact with our student population. You must provide the information 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 is NOT an automatic bar to employment.

Des Moines Municipal Schools 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. If the alleged conduct is directly related to the position for which you have applied, you may be required to provide additional information.

	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 offered a resignation, your 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, unless the allegations were false or unsubstantiated?		
Have you ever been reprimanded?		
Have you ever been disciplined for misconduct?		
Have you ever been discharged for misconduct?		
Have you ever resigned, or been asked to resign, from a prior position for misconduct?		

	Yes	No
Have you ever had a professional license or certificate denied, suspended, surrendered, or revoked due to a finding of child abuse or ethical misconduct or while allegations of child abuse or ethical misconduct were pending or under investigation?		
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?		
Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation for sexual abuse of another person?		

Signature: _____

NOTE: If you have answered yes to any of the questions above, please explain in detail in the text box below. Be sure to include the date of the misconduct in question.

Open-ended Questions

What strengths do you bring to this position? (ALL applicants)

How are you actively working to improve in your practice? (ALL applicants)

Describe your philosophy on student discipline. (Instructional Staff and Busdrivers)

How do you ensure students feel seen, valued, and safe in your classroom?
(Instructional Staff)

What does professionalism mean to you in a school setting? (ALL applicants)

Describe your experience in multicultural classrooms. (Instructional Staff)
Describe your experience with special education students. (Instructional Staff and Busdrivers)

Applicant Waiver

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 provided 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 Des Moines Municipal Schools 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 the Des Moines Municipal Schools may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of Des Moines Municipal Schools' 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 Des Moines Municipal Schools 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 be 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 Des Moines Municipal School's 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 of. 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 of Des Moines Municipal Schools.

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By checking this box, you are certifying that you have read and agreed to all of the terms of the above statements.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Date of Availability: __ __ / __ __ / __ __ __ __

Other Availability Information: _____