



CARRIZOZO MUNICIPAL SCHOOLS

P.O. BOX 99, CARRIZOZO, NM 88301
Phone: (575)648-2348 * Fax: (575)648-2216

Cody Patterson - Superintendent
Eli Barela - Principal
Cathy Barela - Dean of Students

Applicant Information

Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (Apartment/Unit #)

(City) (State) (Zip Code)

(Mailing Address) (City, State, Zip)

Phone: (____) ____ - ____ Email: _____

Social Security Number: _____ Available Start Date: _____

Position Applying for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Carrizozo Municipal Schools? YES NO

If yes, what position? _____ From: __/__/__ To: __/__/__

Education

High School: _____ Address: _____

From: __/__/__ To: __/__/__ Did you Graduate? YES NO

College: _____ Address: _____

From: __/__/__ To: __/__/__ Did you Graduate? YES NO Degree: _____

College: _____ Address: _____

From: __/__/__ To: __/__/__ Did you Graduate? YES NO Degree: _____

Other: _____ Address: _____

From: __/__/__ To: __/__/__ Did you Graduate? YES NO Degree: _____

Other: _____ Address: _____

From: __/__/__ To: __/__/__ Did you Graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: (____)____ - ____
Address: _____ Supervisor: _____
Job Title: _____ From: __/__/__ To: __/__/__
Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____)____ - ____
Address: _____ Supervisor: _____
Job Title: _____ From: __/__/__ To: __/__/__
Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____)____ - ____
Address: _____ Supervisor: _____
Job Title: _____ From: __/__/__ To: __/__/__
Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____)____ - ____
Address: _____ Supervisor: _____
Job Title: _____ From: __/__/__ To: __/__/__
Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service (if applicable)

Branch: _____ From: __/__/__ To: __/__/__
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

References

(Please list three professional references)

Name: _____ Relationship: _____
Company: _____ Phone: (____)____ - ____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: (____)____ - ____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: (____) ____ - ____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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BACKGROUND CHECK INSTRUCTIONS FOR EMPLOYMENT

Licensed Applicant (including positions that do not require a NMPED License):

Register at nm.state.identogo.com

- 🐾 Select **Schedule a New Appointment** under the *For New Appointments* section
- 🐾 ORI Number for Carrizozo Municipal Schools: **NM930011Z**
- 🐾 Agree to the Privacy Act Statement
- 🐾 Carrizozo's zip code: 88301
- 🐾 Select a location, date, and time for your appointment
- 🐾 Complete your *Applicant Information* to match your identification
- 🐾 **APPLICANT EMPLOYER INFORMATION:**
 - Occupation – enter the position you are applying for, **select yes**
 - Carrizozo Municipal Schools, (575)648-2346, 800 D Ave, Carrizozo, New Mexico, 88301
- 🐾 Verify your information and the ORI number are correct
- 🐾 Enter payment information (\$59)
- 🐾 Print your confirmation and take to your scheduled appointment
- 🐾 Notify Rylah that you have completed your appointment
(575)648-2346 or rylah.zamora@carrizozogrizzlies.org

Non-New Mexico PED Licensed Applicant:

***If you do not already have your required license you are required to do two sets of fingerprints: One for Carrizozo Municipal Schools and one for the NM Public Education Department**

Please visit <https://webnew.ped.state.nm.us/bureaus/licensure/> to apply for your Teaching/ Educational Assistant (IA) /Substitute License in the state of New Mexico

Register at nm.state.identogo.com

- 🐾 Select **Schedule a New Appointment** under the *For New Appointments* section
- 🐾 ORI Number for Carrizozo Municipal Schools: **NM930011Z**
- 🐾 Agree to the Privacy Act Statement
- 🐾 Carrizozo's zip code: 88301
- 🐾 Select a location, date, and time for your appointment
- 🐾 Complete your *Applicant Information* to match your identification
- 🐾 **APPLICANT EMPLOYER INFORMATION:**
 - Occupation – enter the position you are applying for, **select yes**
 - Carrizozo Municipal Schools, (575)648-2346, 800 D Ave, Carrizozo, New Mexico, 88301
- 🐾 Verify your information and the ORI number are correct
- 🐾 Enter payment information (**Two** payments of \$59, one for CMS and one for PED)
- 🐾 Print your confirmation and take to your scheduled appointment
- 🐾 Begin process again and use ORI Number for NMPED: **NM920140Z**
- 🐾 Notify Rylah that you have completed your appointment
(575)648-2346 or rylah.zamora@carrizozogrizzlies.org

**CONSENT TO CONDUCT BACKGROUND
INVESTIGATION AND RELEASE**

I, _____ [applicant's name], have applied for employment with the Carrizozo Municipal Schools to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to see any written reference or other information provided to the School District by any educational institution.

I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 20__.

Witness

Applicant

PROFESSIONAL STAFF CERTIFICATION AND CREDENTIALING REQUIREMENTS

Name

Position

I, _____, being duly sworn, do hereby certify that I have never been:

- under investigation for, or been found to have violated, any state or federal statute relating to child abuse or neglect, sexual misconduct or any sexual offense, including those offenses prohibited in Chapter 30, Article 3, 3A, 4, 6, 6A, 9, 37, 37A or 52 NMSA 1978, unless the allegations were false or unsubstantiated (see list below);
- have never been under investigation for, or been found to have violated, any ethical rule or policy approved by a former employer that previously employed me, unless the allegations were false or unsubstantiated; or
- have never 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; and
- am not now awaiting trial for committing any of the following criminal offenses in the state of New Mexico or similar offenses in any other jurisdiction.

Sexual abuse of a minor	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
Incest	
First- or second-degree murder	Misdemeanor offenses involving the Possession or use of marijuana or dangerous drugs
Kidnapping	
Arson	Burglary in the first degree
Assault	Burglary in the second or third degree
Sexual exploitation of a minor	Aggravated or armed robbery
Felony offenses involving contributing to the delinquency of a minor	Robbery
	Child abuse <u>or abandonment</u>

Commercial sexual exploitation of a minor	Sexual conduct with a minor
Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs	Molestation of a child
Distribution of pornography	Manslaughter
Harassment	Assault or Aggravated assault
Enticement	Exploitation of minors involving drug offenses
	Human trafficking
	Prostitution

Applicant signature

Date signed

Subscribed, sworn to, and acknowledged before me by _____

_____, this _____ day of _____, 20____,

in _____ County, New Mexico.

My Commission Expires

 _____ Notary Public