



# NEW MEXICO SCHOOL FOR THE DEAF

1060 Cerrillos Road • Santa Fe, NM 87505  
 (505) 476-6300-V/TTY/VP ■ (505)476-6315-Fax  
 Website: www.nmsd.k12.nm.us

## EMPLOYMENT APPLICATION

Application Date:											
Social Security Number:					-			-			
Last Name:			First Name:				Middle Initial:				
Mailing Address (Street, Apt, or PO Box):											
City:			State:				Zip:				
Home Phone Number:			Work Phone Number:				Cell Phone Number:				
E-Mail Address:							Are you over 18?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Schedule Desired:										<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Temporary	Hours Desired:	
Please list which position you are applying for:																
1					3											
2					4											
Date available for employment:					Minimum Salary required:											

Have you previously:														
WORKED for NMSD?	<input type="checkbox"/> Yes When,			<input type="checkbox"/> No			APPLIED for work at NMSD?	<input type="checkbox"/> Yes When,			<input type="checkbox"/> No			
	Position:							Position:						
Other name(s) used which may appear on educational and prior employment records:														
Does NMSD employ any relative of yours?							<input type="checkbox"/> Yes			<input type="checkbox"/> No			Name:	
													Relationship:	
Do you possess a valid Driver's License?							<input type="checkbox"/> Yes			<input type="checkbox"/> No				

EDUCATION RECORD									
High School Diploma/GED				<input type="checkbox"/> Yes		<input type="checkbox"/> No		Year Obtained:	
Name of School						City, State			
UNDERGRADUATE:									
Name of Institution			City, State		Attended From-To Month/Year				
Degree Awarded			Major		Date Awarded (month/year)				
GRADUATE:									
Name of Institution			City, State		Attended From-To Month/Year				
Degree Awarded			Major		Date Awarded (month/year)				

**BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL**

Name of Institution		City, State		Attended From-To Month/Year	
Title of Program:		Total Classroom Hours		Certification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Name of Institution		City, State		Attended From-To Month/Year	
Title of Program:		Total Classroom Hours		Certification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

**MILITARY TRAINING**

Branch of Service		Date Entered		Date Discharged	
Duties:					

**LICENSES/CERTIFICATIONS (If Applicable)**

1	License/Certification Type		License Number		Expiration Date	
	State of Issuance					
2	License/Certification Type		License Number		Expiration Date	
	State of Issuance					

**LANGUAGE PROFICIENCY:** List language skills, other than English, you have and the level of proficiency

Languages:		Level of Proficiency	

**Other qualifications or skills** (computer literacy, types of equipment operated, training, etc)


**EMPLOYMENT HISTORY (Chronological Order-Present to Past)**

<b>1</b>	Dates of Employment: From (month/year)		To (month/year)	
Employer	Your Title			
Address	City, State	Zip		
Immediate Supervisor Name	Title	Supervisor Phone Number		
Start Rate	<input type="checkbox"/> Hour <input type="checkbox"/> Annual	Final Rate:	<input type="checkbox"/> Hour <input type="checkbox"/> Annual	Hours per week
				May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: (List major duties and responsibilities)				
Reason for leaving employment:				

<b>2</b>	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

<b>3</b>	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

<b>4</b>	Dates of Employment: From (month/year)			To (month/year)	
Employer			Your Title		
Address			City, State		Zip
Immediate Supervisor Name			Title	Supervisor Phone Number	
Start Rate	<input type="checkbox"/> Hour	Final Rate		<input type="checkbox"/> Hour	Hours per week
	<input type="checkbox"/> Annual			<input type="checkbox"/> Annual	
Duties: (List major duties and responsibilities)					
Reason for leaving employment:					

## REFERENCES

Please list three references that we may contact regarding your character. **DO NOT LIST RELATIVES.**

1	Name:	Occupation:
	Phone Number:	E-Mail Address:
2	Name:	Occupation:
	Phone Number:	E-Mail Address:
3	Name:	Occupation:
	Phone Number:	E-Mail Address:

**Additional Information:** Please give any additional information which may more fully describe your qualifications. This space may also be used to continue answers to items on the preceding pages. Use additional sheets if necessary.


### CONFIDENTIALITY OF INFORMATION:

NMSD will endeavor to keep the information confidential to the extent permitted by law.

### APPLICANTS CERTIFICATION:

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment.

Signature:	Date:
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New Mexico School for the Deaf prohibits discrimination in employment or provision of services on the basis of race, religion, age, color, national origin, sex, sexual orientation, gender identity, disability or serious medical condition.



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## CRIMINAL HISTORY FORM Applicant

Dear Applicant: Most positions with the New Mexico School for the Deaf 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.*

I, \_\_\_\_\_ being an applicant for, or having been offered, a position with the New Mexico School for the Deaf, and *being duly sworn according to law*, certify that this document is true, accurate, and full disclosure of my personal and professional background history.

The conviction of a crime or any affirmative answer provided by you on this insert is NOT an automatic bar to employment. The New Mexico School for the Deaf will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

### SECTION I (Check ONE of the following statements)

I certify that I am not awaiting trial, I have never been 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 of 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)

<b>1.</b>	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 to your previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Have you ever been reprimanded for misconduct? Have you ever been disciplined for misconduct? Have you ever been discharged for misconduct? Have you ever been asked to resign for a prior position for misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	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? Or involved your employer's investigation for sexual abuse of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	Have you ever been convicted of a sex-related offense? Have you ever been convicted of a drug-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Have you ever been charged with sexual abuse of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever been investigated for sexual abuse of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever been charged with any crime involving sexual abuse of any person or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever pled guilty or "no contest" ( <i>nolo contendere</i> ) to any crime involving sexual abuse of any person or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever been convicted of any crime involving sexual abuse of any person or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever been convicted of a crime, other than a minor traffic offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever entered a plea of guilty or a plea of "no contest" for any crime other than a minor traffic offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	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 questions above, please attach sheet(s) explaining in detail. Include 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 in the upper right corner.

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

1. Abandonment or abuse of a child	11. Delivery to a minor of drug paraphernalia	21. Voluntary manslaughter
2. Sexual abuse of a minor	12. A dangerous crime against a child or children	22. Kidnapping
3. Incest of a minor	13. Criminal sexual contact of a minor	23. Arson
4. Sexual assault of a minor	14. Molestation of a child	24. Burglary or Robbery
5. Sexual exploitation of a minor	15. Criminal sexual penetration	25. Sale, delivery, display of sexually oriented material to minors
6. Sexual exploitation of a minor by prostitution	16. Criminal sexual conduct	26. Prostitution
7. Contributing to the delinquency of a minor	17. Indecent exposure	27. Patronizing prostitutes
8. Enticement of a child	18. Aggravated indecent exposure	28. Promoting prostitution
9. Trafficking controlled substances	19. Aggravated assault on a minor	29. Accepting earnings of a prostitute
10. Distributing controlled substances to a minor	20. Murder	30. D.U.I./D.W.I.

I understand and agree that any offer of employment that I may receive, or have received, from the New Mexico School for the Deaf is conditioned by law upon the School's receipt of information pursuant to a fingerprint-based check of my personal and professional history.

I further understand and agree that I may be terminated by the School immediately if any information contained in this Criminal History Form is inaccurate or if any information received by the New Mexico School for the Deaf is inconsistent with any statement made by me on this form. I authorize New Mexico School for the Deaf 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 or 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 the New Mexico School for the Deaf, its agents and officials or any provider of such information.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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



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## 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. Failure to provide all or part of the information requested may result in the refusal of the New Mexico School for the Deaf (NMSD or School) to further consider me for possible employment.

I hereby authorize the School and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School 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 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, 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 SCHOOL UNDER A GUARANTEE OF CONFIDENTIALITY.

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 to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the School, 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 School, that the School 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 School 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.

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Signature of Applicant

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Date

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Printed Name of Applicant



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## APPLICANT DATA RECORD

To help us comply with Equal Employment Opportunity record keeping and reporting please complete with Application Data Record. This is not required but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Employment Application. **It will not be seen by the selecting official.**

Date:		
Last Name:	First Name:	Middle Initial:
Mailing Address (Street, Apt, or PO Box):		
City:	State:	Zip:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:
Position Applied for:		
Referral Source:		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	
<input type="checkbox"/> Job Line	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other:		
Race/Ethnic Group:		
<input type="checkbox"/> White	<input type="checkbox"/> Black	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Other	