

EMPLOYMENT APPLICATION

Name: _____ Email: _____

Address: _____ Telephone No.: _____

I. To the applicant: Please read the following and sign below.

1. New Mexico School for the Arts - Art Institute is an equal opportunity employer, and does not discriminate on the basis of race, color, national or ethnic origin, sex, gender identity, sexual orientation, culture, disability, or religion.
2. Position Desired:
 - a. Position title: _____
 - b. Date of availability: _____
3. Please let us know if you require an accommodation to allow you to complete the application form, or for any other aspect of the application process.
4. *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.***
5. 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.
6. 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.
7. All offers of employment are contingent upon the satisfactory completion of reference checks and background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the Art Institute, but pursuant to the Criminal Offender Employment Act, NMSA 1978 "28-2-4 and 28-2-5, may be a basis for refusing employment.
8. 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 foregoing: _____

Applicant's Signature

II. EDUCATION

College or University	
Address	
Phone No.	
Years Attended	
Major	
Degree and Year	
Contact Name or Reference	

College or University	
Address	
Phone No.	
Years Attended	
Major	
Degree and Year	
Contact Name or Reference	

College or University	
Address	
Phone No.	
Years Attended	
Major	
Degree and Year	
Contact Name or Reference	

(Continue on separate sheet if necessary)

III. STUDENT TEACHING EXPERIENCE *(must be completed if applicant is a licensed teacher and has completed fewer than three full consecutive school years in education)*

School Name	
School Address	
Phone No.	
Start-End Dates	
Courses or Grades	
Supervisor Name	

School Name	
School Address	
Phone No.	
Start-End Dates	
Courses or Grades	
Supervisor Name	

School Name	
School Address	
Phone No.	
Start-End Dates	
Courses or Grades	
Supervisor Name	

(Continue on separate sheet if necessary)

IV. LANGUAGE SKILLS *(other than English)*

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

V. CERTIFICATION/TEACHER LICENSE

State	Certificate Number	Endorsements/License

(Continue on separate sheet if necessary)

VI. EMPLOYMENT HISTORY

Note to Applicant: *Include all employers since high school. Account for any gaps in employment history B e.g., if attending school, identify school and dates; if self-employed, give name and address of business and name and telephone number of business reference; if unemployed, give your address and telephone number during period of unemployment.*

Employer Name	
Employer Address	
Phone No.	
Dates of Employment	
Position(s) Held	
Immediate Supervisor	
Reason(s) for leaving (please be specific)	

Employer Name	
Employer Address	
Phone No.	
Dates of Employment	
Position(s) Held	
Immediate Supervisor	
Reason(s) for leaving (please be specific)	

Employer Name	
Employer Address	
Phone No.	
Dates of Employment	
Position(s) Held	
Immediate Supervisor	
Reason(s) for leaving (please be specific)	

Employer Name	
Employer Address	
Phone No.	
Dates of Employment	
Position(s) Held	
Immediate Supervisor	
Reason(s) for leaving (please be specific)	

Employer Name	
Employer Address	
Phone No.	
Dates of Employment	
Position(s) Held	
Immediate Supervisor	
Reason(s) for leaving (please be specific)	

(Continue on separate sheet if necessary)

VII. EMPLOYMENT HISTORY AFFIDAVIT

To the Applicant:

Most positions with the Art Institute involve contact with our student population. You must provide the information requested 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 insert is NOT an automatic bar to employment. The Art Institute 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.

I, _____, being an application for, or having been offered, a position with the Art Institute, certify that this document is true, accurate, and full disclosure of my professional background history.

SECTION A (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, your previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever been reprimanded for misconduct? 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?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <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 inappropriate sexual contact with another person? Or involving your employer’s investigation for sexual abuse of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <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 misconduct in question, and sign and date each sheet in the upper right corner.

I understand and agree that any offer of employment that I may receive, or have received, from the Art Institute is conditioned upon the Art Institute’s receipt of information pursuant to a check of my professional history. I further understand and agree that I may be terminated by the Art Institute immediately if any information contained in this affidavit is inaccurate or if any information received by the Art Institute is inconsistent with any statement made by me on this affidavit.

I authorize the Art Institute to check my employment history, including without limitation, evaluations, reference checks, and release of investigatory information possessed by any private or public employer of any state, local, or federal agency. In connection with any request for or provision of such information, I expressly waive any claims, including without limitation defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Art Institute, its agents and officials, or any provider of such information.

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



Applicant's Signature

Date

Printed Name

Social Security Number

VIII. GENERAL

I have been known by the following other names: _____

I am authorized to work in the United States on the basis of

- U.S. citizenship;
- Alien Identification Card
- Neither

If employed, I would be interested in coaching or sponsoring the following extra-curricular activities:

Activity	Prior Experience (number of years) and name of school

Have you previously been employed with the Art Institute?

Yes Position: _____ Dates: _____

No

Have you previously applied for employment with the Art Institute?

Yes Date: _____

No

Are any of your relatives employed by the Art Institute?

Yes Name: _____ Position: _____

No

If you are hired, can you supply proof of your age?

Yes

No

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

Yes

No

By my signature below, I affirm that the information provided on this application and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application, is true and complete to the best of my knowledge.

A black rectangular box with a white, irregular shape inside, representing a redacted signature.

Signature

Date

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, regardless of when discovered. Failure to provide all or part of the information requested may result in the refusal of the _____ Art Institute to further consider my application.

I hereby authorize the Art Institute and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Art Institute 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, at my expense, 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 Art Institute, that the Art Institute 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 Art Institute 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

Date

Printed Name of Applicant