

Superintendent

Brandon Hays

Financial Manager

Gowan Hays

Administrative

Assistants

Tracie Skinner

Melanie Neal

DORA CONSOLIDATED SCHOOLS



PO BOX 327 DORA, NM 88115 PHONE: 575.477.2211 FAX: 575.477.2464

www.doraschools.com

Interim Principal

Brandon Hays

Assistant Principal

Arnold Peralez

Athletic Director

Arnold Peralez

DORA CONSOLIDATED SCHOOLS

INSTRUCTIONS FOR COMPLETING APPLICATION

Your application for employment will not be considered until a complete application packet has been received by the Superintendent's office. The contents of a complete packet are as follows:

1. Completed application
2. Current resume
3. Original transcripts from all Universities
4. Three (3) confidential reference forms/ With Signed Agreement, Authority Waiver Release (See below)
5. Copy of New Mexico License(s) and any other licenses if applicable

1. Application: Application and all forms must be filled out in their entirety. Provide a permanent address if you anticipate a change in residence within the next two years.

2. Resume: Current resume

3. Transcripts: Original Transcripts from all universities

4. Reference Forms: Three confidential reference forms/Agreement, authorization Waiver Release are enclosed. They are to be sent by you to the person you wish to complete the reference form and then returned to us by the person completing the form. One of the references must be from your last employer and/or supervisor. If we do not receive these your application will be incomplete. They can be faxed to 575-477-2464.

5. Licensure: Copy of New Mexico Education License(s)/Board Licenses if applicable

SCREENING AND INTERVIEW PROCEDURE:

Applications will be screened for completeness and evidence of qualifications outlined in the vacancy announcement. Incomplete applications will not receive consideration. Applicants will be interviewed by the Superintendent (or his/her designee) and the Administrator who will supervise the position.

Applications are kept in the active file for one (1) year from the date of application.

Dora Consolidated School District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status, disability, handicap, or veteran status in employment or the provision of services.

Return signed copy of application and copy of your resume to:

Dora Consolidated Schools

Attn: Brandon Hays, Superintendent

PO Box 327

Dora, NM 88115

or email to bhays@doraschools.com

School Board:

Jana Roberts, President ◇ Patrick Kircher, Vice President ◇ Andrea King, Secretary ◇ Ty Tipton, Member ◇ Brandon Dewbre, Member

DORA CONSOLIDATED SCHOOLS

P.O. BOX 327

DORA, New Mexico 88115

Phone: 575-477-2211 FAX: 575-477-2464



-----For Personnel Office Use Only-----	
_____ Placement File	_____ N.M. License
_____ NMTA Scores	_____ Transcripts
_____ Signed Release	_____ Background Check
_____ Appl. Complete	_____ Ref Letter Mailed
School Year: _____	
Date Received: _____	
Date Updated: _____	

Instructional Support Application

(Educational Ass't, Custodial/Maintenance, Secretarial, Foods, Other)

NOTE: Application will remain active for one year from date received.

Applicants Full

Name _____
(Last) (First) (MI) (Maiden Name)

Other Name(s) _____

(Please provide any other information relative to change of name, use of an assumed name or nickname, necessary to enable a check on your work or school record)

Current Mailing Address _____
(Street) (City) (State) (Zip)

Alternate Mailing Address _____

Telephone Numbers:

Current: _____ Alternate: _____ Work: _____

E-Mail: _____ Social Security Number: _____

EDUCATION LEVEL: (Check appropriate box to indicate highest level of formal education)

- A. Education: HS Diploma GED 0-30 Credits at Accredited Institution
 30+ Credits at Accredited Institution Associates Degree from Accredited Institution
 BA Degree or Higher from Accredited Institution

B. Do you have any licensure (teaching, substitute, Educational Assistant) from the Public Ed. Department? No Yes

C. If applying for an EA position, have you taken any tests for licensure? No Yes

Do you have passing scores? No Yes (Include copies of scores, if applicable)

MARK THE BOXES TO INDICATE POSITIONS FOR WHICH YOU DESIRE AND ARE/CAN BE LICENSED TO FILL

- Custodian/Maintenance Food Service Secretarial Educational Assistant
 Technology Other _____

CONFLICT OF INTEREST: Please list any relative(s) you have who serve on the Dora Board of Education or who are employed by the Dora Consolidated Schools: _____

-----FOR PERSONNEL OFFICE USE ONLY-----

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

DORA CONSOLIDATED SCHOOL DISTRICT

P.O. BOX 327

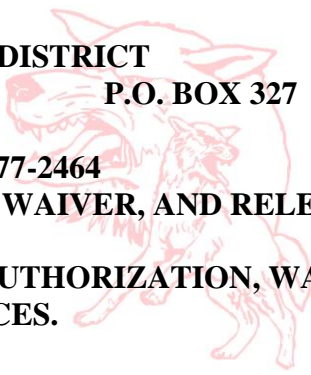
DORA, NEW MEXICO 88115

PHONE: 575-477-2211 / FAX: 575-477-2464

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

(To be completed by Applicant)

**A COPY OF THIS AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE
MAY BE SENT TO ALL REFERENCES.**



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 fact 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 might result in the refusal of the Dora Consolidated School District to further consider me for possible employment.

I hereby authorize the Dora Consolidated School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the Dora Consolidated School District will send a copy of this Agreement and Authorization to each individual or entity from which it is seeking a reference or background information.

I hereby authorize the party receiving a copy of this signed form (including 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 DORA CONSOLIDATED 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, 28-2, et seq.), such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon the satisfactory completion of all background checks.

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 Dora Consolidated 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

SOCIAL SECURITY NUMBER

It is the policy of the Dora Consolidated Schools to provide equal opportunity in employment or the provision of services to all employees and applicants for employment. No person shall be discriminated against in employment because of such individual's race, religion, color, age, sex, marital status, national origin, or disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship. It is the responsibility of the applicant or employee to inform the Superintendent that an accommodation is needed.

EDUCATION/TRAINING	LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (list chronologically)				
	NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRADUATED (COLLEGE ONLY)	SCHOOL CONTACT (NAME/PHONE)

WORK EXPERIENCE AND REFERENCES

Please account for all years following the completion of high school or grade last attended, beginning with the MOST CURRENT. Be sure to list any breaks in employment and state the reason. If any years are unaccounted for, your application may not be considered. If necessary, please attach a separate sheet. If you have more than one reference for an employer, please list names under supervisor column. (You may attach a vita/resume with this information, but be sure to include ALL the information that is requested on this form.)

DATES		EMPLOYER NAME AND COMPLETE MAILING ADDRESS	POSITION TITLE GRADE LEVEL SUBJECT	TITLE & FULL NAME OF SUPERVISOR	PHONE NUMBER OF SUPERVISOR	NAME IN RECORDS AT THIS SITE	REASON FOR LEAVING
FROM MM/YY	TO MM/YY						

FT* = Full Time employment

PT* = Part time employment

List three most recent references. Include Supervisors, principals, superintendents, or others for whom you have worked who have firsthand knowledge of your character, personality, and demonstrated competence for the position(s) for which you are applying. Provide ALL information necessary to allow us to contact these references.

NAME OF REFERENCE	POSITION/RELATIONSHIP	COMPLETE MAILING ADDRESS	PHONE

ELIGIBILITY: Are you a U.S. Citizen, or are you eligible to work in the U.S.? | ___ | Yes | ___ | No

Applicant Name: _____

GENERAL INFORMATION

Month/Day/Year you are available for employment: _____

Are you currently employed? Yes No If Yes, where? _____

If currently employed, why do you wish to change? _____

Have you had prior employment with any public school? Check One Yes No

If Yes, where/what school? _____

Have you had prior experience working around school-age children? Check One Yes No

If Yes, in what capacity? _____

Please list any relative(s) you have who serve on Dora Consolidated School Board of Education or who are employed by the Dora Consolidated Schools:

How did you learn about this position(s) you are applying:

Job Posting/Advertisement Dora School Employee Friend Recruitment Event

School Website Other: _____

Do you have any objections to a representative of Dora Consolidated Schools contacting your current employer for a reference?

Yes No

Applicant Comments:

Have you ever observed this person's teaching or job performance?

Yes No

Personal Qualifications	Exceeds Normal Standards	Meets Standards	Needs Improvement	Unsatisfactory	Unobserved
Appearance: Dress/Grooming					
Emotional Stability					
Attendance/Punctuality					
Professional Qualifications					
Plans/Prepares Work Effectively					
Speaks Effectively and Correctly					
Displays subject Matter Competency					
Utilizes a Variety of Teaching Methods and Skills					
Exercises Appropriate Student Control and Classroom Management Techniques					
Works well with others and shows good judgment, tact and a willingness to assist					
Maintains positive relationships with parents of students					
Varies teaching to the ability levels of students					
Motivates student gains confidence and establishes rapport					
Demonstrates commitment and a professional attitude					

Any additional Comments:

Applicant's Name: _____

To your knowledge has this person ever failed to have contract renewed, resigned to avoid being terminated, or been discharged from employment? (If yes, please attach explanation)

Information given on applicant is based on:

Should we telephone you for additional information? _____

Daytime Number _____

Name: _____

Title: _____

Business Address: _____

School District: _____

Signature: _____

Date: _____

Fax to: Brandon Hays, Superintendent (575) 477-2464 or email to bhays@doraschools.com

Insert to Employment Application

CRIMINAL HISTORY AFFIDAVIT

Applicant/New Employee

Dear Applicant: Most positions with the Dora Consolidated Schools involve contact with our student population. We ask that you provide 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 from termination of employment regardless of when the misrepresentation or omission is discovered.*

I, _____, **being an applicant for, or having been offered, a position**
 PRINT FULL NAME
with the DORA CONSOLIDATED SCHOOLS, and being duly sworn according to law, certify that this document is a 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 DORA CONSOLIDATED SCHOOLS will consider the nature of any conviction or alleged conduct underlying the affirmative response and the position for which you are applying.

SECTION 1 (Check ONE of the following two statements)

_____ I certify that I am not awaiting trial on, 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 or any other jurisdiction.

OR

_____ I certify that the statements I attach to this form (see NOTE at bottom of Section II on reverse side of this sheet) 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.

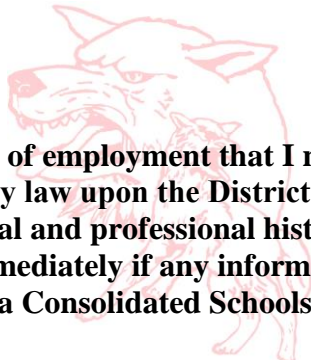
SECTION II (Please check "yes" or "no" for the following questions)

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present 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 for misconduct?	<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 employers 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 convicted of a sex-or-drug-related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been charged with, or investigated for sexual abuse of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been charged with, pled guilty, or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse or any person or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest", or 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 seven questions, 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 the sign and date each sheet in the upper right hand corner.

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

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



I understand and agree that any offer of employment that I may receive, or have received, from the Dora Consolidated 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 I may be terminated by the District immediately if any information contained in this affidavit is inaccurate or if any information received by Dora Consolidated Schools is inconsistent with any statement made by me on this affidavit.

I authorize the Dora Consolidated 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 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 Dora Consolidated Schools, 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 all claims, and I expressly agree to the terms set forth herein.

SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

My Commission Expires
(SEAL)

Notary Public