

Superintendent
Brandon Hays
Financial Manager
Gowan Hays
Administrative
Assistants
Tracie Skinner
Melanie Neal



DORA CONSOLIDATED SCHOOLS

Interim Principal
Brandon Hays
Assistant
Principal
Arnold Peralez
Athletic Director
Arnold Peralez

PO BOX 327 DORA, NM 88115 PHONE: 575.477.2211 FAX: 575.477.2464
www.doraschools.com

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, Interim 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: _____	

Certified Application

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: _____

CERTIFICATION/LICENSEURE

A. Have you passed all relevant parts of the New Mexico Teacher Assessment (NMTA)? _____

If not, indicate where you are in this process: _____

Year of Expiration of New Mexico Certificate/License: _____

(Also, please attach photocopy of license)

LIST ALL ENDORSEMENTS: _____

B. If you have been issued a certificate/license in another state(s), enclose a photocopy. Copy enclosed: No Yes

State _____ Expiration Date _____ Licenses/Endorsements _____

State _____ Expiration Date _____ Licenses/Endorsements _____

C. Have you taken a teacher qualifying test in another state? No Yes Do you have passing scores? No Yes

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

- | | | |
|----------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Elementary Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Library/Media |
| <input type="checkbox"/> Secondary Teacher | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> 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.

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (list chronologically)

EDUCATION/TRAINING

NAME OF SCHOOL AND LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA/DEGREE	YR. GRADUATED (COLLEGE ONLY)	SCHOOL CONTACT (NAME/PHONE)

HOW MANY SEMESTER HOURS HAVE YOU EARNED AFTER YOUR HIGHEST DEGREE WAS GRANTED? ____.

STUDENT TEACHING EXPERIENCE

STUDENT TEACHING

FROM MM/YY	TO MM/YY	SUBJECT GRADE/LEVEL	COOPERATING TEACHER	SCHOOL	SCHOOL ADDRESS CITY/STATE	PHONE NUMBER
UNIVERSITY SUPERVISOR		UNIVERSITY	COMPLETE MAILING ADDRESS WITH ZIP CODE			PHONE NUMBER

ESTIMATE THE NUMBER OF SEMESTER HOURS OF COLLEGE CREDIT FOR EACH SUBJECT LISTED BELOW

CREDIT HOURS

- | | | | |
|------------------------------------------|---------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> ART | <input type="checkbox"/> BAND | _____ BILINGUAL ED |
| <input type="checkbox"/> BIOLOGY | <input type="checkbox"/> BUSINESS ED. | <input type="checkbox"/> CHEMISTRY | <input type="checkbox"/> COMPUTER |
| <input type="checkbox"/> DRAMA/THEATER | <input type="checkbox"/> ENGLISH | <input type="checkbox"/> ESL | <input type="checkbox"/> FRENCH ___ GERMAN |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> HEALTH | <input type="checkbox"/> HISTORY | <input type="checkbox"/> F.A.C.S. |
| <input type="checkbox"/> INDUSTRIAL TECH | <input type="checkbox"/> JOURNALISM | <input type="checkbox"/> KINDERGATEN/PRE-K | <input type="checkbox"/> LANG. ARTS (GEN) |
| <input type="checkbox"/> LIBRARY SCIENCE | <input type="checkbox"/> MATHEMATICS | <input type="checkbox"/> MUSIC (VOCAL) | <input type="checkbox"/> MUSIC (INSTRUMNT) |
| <input type="checkbox"/> PHYSICAL ED. | <input type="checkbox"/> PHYSICS | <input type="checkbox"/> SPEECH | <input type="checkbox"/> PSYCHOLOGY |
| <input type="checkbox"/> READING | <input type="checkbox"/> SCIENCE GEN. | <input type="checkbox"/> SOC ST. (OTHER) | <input type="checkbox"/> SOCIOLOGY |
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> SPECIAL ED. | <input type="checkbox"/> TECHNOLOGY | <input type="checkbox"/> VOCATIONAL ED. |

POSITION PREFERENCE

Indicate below the level/subject combinations in which you prefer to work and are qualified to work.

Elementary (Pre-school through Grade 6)
 Check top three choices Pre-K K 1 2 3 4 5 6 No Preference

Middle School/Junior High School (Grades 7-9)
 List Subject area(s) preference 1st _____ 2nd _____ 3rd _____

High School (Grades 10-12)
 List Subject area(s) preference 1st _____ 2nd _____ 3rd _____

Special Education (Check top two choices): Lower Elem. Upper Elem. Jr. High High School No Preference

Coaching: Circle B (boy) and/or G (girl) to indicate Sport Preferences. **Check Activity to indicate Sponsor Interest.**

Baseball <input type="checkbox"/>	Golf <input type="checkbox"/>	B <input type="checkbox"/> G <input type="checkbox"/>	Tennis <input type="checkbox"/>	B <input type="checkbox"/> G <input type="checkbox"/>	Cheerleaders <input type="checkbox"/>	Newspaper <input type="checkbox"/>
Basketball <input type="checkbox"/>	Soccer <input type="checkbox"/>	B <input type="checkbox"/> G <input type="checkbox"/>	Track <input type="checkbox"/>	B <input type="checkbox"/> G <input type="checkbox"/>	Debate <input type="checkbox"/>	Speech <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Softball <input type="checkbox"/>		Volleyball <input type="checkbox"/>		Dramatics <input type="checkbox"/>	Student Council <input type="checkbox"/>
Football <input type="checkbox"/>	Swimming <input type="checkbox"/>				Drill Team <input type="checkbox"/>	Yearbook <input type="checkbox"/>

Administration (Check School Level Preference): Elementary Middle High School Central Office No Preference

OTHER: _____

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans/Prepares Work Effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks Effectively and Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays subject Matter Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes a Variety of Teaching Methods and Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises Appropriate Student Control and Classroom Management Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others and shows good judgment, tact and a willingness to assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains positive relationships with parents of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varies teaching to the ability levels of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivates student gains confidence and establishes rapport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates commitment and a professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional Comments:

Applicant's Name: _____

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

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.

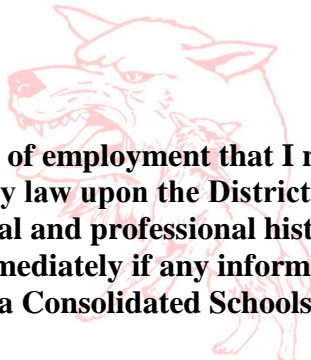
SECTION II (Please check "yes" or "no" for the following questions)

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