

MESA VISTA CONSOLIDATED SCHOOL DISTRICT NO. 6

P.O. Box 309  
Ojo Caliente, NM 87549  
Phone: (505) 583-2645

# SUBSTITUTE TEACHER APPLICATION FORM

*(Must Have a Substitute Teacher License)*

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

SCHOOL PREFERRED: \_\_\_\_\_ GRADE LEVEL PREFERRED: \_\_\_\_\_

Do you have a Substitute License? [ ] Yes [ ] No

Do you have any pre-existing disability/physical impairment? [ ] Yes [ ] No

If you have a pre-existing disability or physical impairment, do you have a certificate/document from your physician releasing you to work? [ ] Yes [ ] No

**EDUCATIONAL BACKGROUND AND EXPERIENCE:**

High school grade completed: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No

Graduating school: \_\_\_\_\_ G.E.D. Certificate: \_\_\_\_\_

*(Copy of High School Diploma and/or G.E.D. Certificate must be provided)*

College/University Attended: \_\_\_\_\_

Semester Hours Acquired: \_\_\_\_\_ Degree, if any: \_\_\_\_\_

*(Official transcripts must be submitted for appropriate salary adjustment. Educational related coursework will ONLY be applied in dealing with adjustment of salary.)*

**REFERENCES:**

*(DO NOT USE RELATIVES)* Include at least one business, one professional individual whom you have worked with. Letters of recommendation will be accepted.

NAME OF REFERENCE	ADDRESS	PHONE NUMBER

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## MINIMUM QUALIFICATIONS

- 1) All substitute teacher applicants will be required to attend one day of Substitute Training (one-time basis).
- 2) All substitute applicants must meet all requirements for a Substitute Teacher Certificate to be issued by the School District.
- 3) All substitute applicants must go through the Fingerprinting Process and Background Check before being placed on Active Substitute List.
- 4) All substitute teachers will be required to volunteer one day of observation at the school of their choice prior to substituting.
- 5) All substitute teacher applicants must submit a copy of Official Transcripts and/or High School Diploma to the Superintendent's Office.

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1623 / SANTA FE, NM 87504-1628  
ATTN: RECORDS

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (Please Print Legibly) Social Security No. Date of Birth

Pursuant to NMSA 1978, Section 29-10-6 (A) Repl. Pamp. 1990, of the New Mexico Arrest Record Information Act, hereby appoint: MESA VISTA CONSOLIDATED SCHOOL DISTRICT as an authorized agent for me for the purpose of inspecting (and or obtaining copies) any New Mexico Arrest Fingerprinting Card supported record information maintained by the Department of Public Safety, including information concerning felony or misdemeanor arrests.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above.

I hereby release the custodian or custodians of such records and the Department of Public Safety and the State of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage or whatever kind of nature, which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with this "Authorization for Release of Information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assigns, associates, personal representative or representatives of any nature.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MESA VISTA CONSOLIDATED SCHOOL DISTRICT**

**AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE**

A. Applicant Certification.

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 School District to further consider me for possible employment.

B. Authorization for Reference Checks.

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

C. Waiver and Release as to Reference Checks.

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 DISTRICT.

D. Criminal Background Checks.

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered 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, §28-2-1, 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 District, the District may provide me written notice of the withdrawal of its offer of employment, and that I shall be entitled to no further process or procedure.**

E. Public Disclosure of Applicant Names and Application Materials.

I understand that, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization may be subject to disclosure to persons outside the School District, including the media, to the extent such information is not expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or

confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPPA).  
(Results of criminal background checks, if requested are privileged and protected from public disclosure.)

**As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant