

# JAL PUBLIC SCHOOLS

P.O. BOX 1386

JAL, NM 88252

PHONE (575) 395-2101 FAX (575) 395-2146

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## Application for Administrator

This application for employment will be inactive after 90 days.

If you want to be considered after that time, you must complete a new application for employment.

### I. PERSONAL

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Prior Administrative Experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

### II. PRESENT POSITION

Please respond to each item. If you are not currently employed in a public school position, list your current position – not the most recent school position – and provide as complete information as possible.

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Title \_\_\_\_\_ Since \_\_\_\_\_

Employee Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Total Pupils Enrolled \_\_\_\_\_ Number of Certified Staff \_\_\_\_\_

Length of Present Contract \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date Available \_\_\_\_\_

Reason for leaving most recent position \_\_\_\_\_

\_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Phone/Business \_\_\_\_\_ Phone/Residence \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you hold or are you eligible to obtain a valid New Mexico Administrator's License?

\_\_\_\_\_ Yes \_\_\_\_\_ No

What other certificates do you hold? \_\_\_\_\_

\_\_\_\_\_

Why do you want to become an administrator in the Jal Public Schools? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider to be your major strength as an administrator? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. EDUCATION**

(BEGIN WITH MOST RECENT)						
COLLEGE/UNIVERSITY NAME & ADDRESS	DATES ATTENDED	MAJOR	HRS.	MINOR	HRS.	DEGREE AND DATE RECEIVED

HIGH SCHOOL/GED NAME & ADDRESS	DATES ATTENDED	DIPLOMA				

Total Years as an Administrator: \_\_\_\_\_

**IV. EXPERIENCE**

List below only full-time paid positions you have held at least one semester beginning with your most recent.

Name and Address of School	Grade or Subject Taught	Dates From-To	Name and Present Address of Superintendent

List earlier experience below:

Name and Address of School	Grade or Subject Taught	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three (3) references: former professors, teachers, or anyone knowing you.

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

**JAL PUBLIC SCHOOLS  
P.O. BOX 1386  
200 E. PANTHER AVE  
JAL, NM 88252  
PHONE (575) 395-2101 FAX (575) 395-2146**

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**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