

Las Vegas City Schools

901 Douglas Avenue
Las Vegas, New Mexico 87701
(505) 454-5700
FAX (505) 454-6965

CLASSIFIED APPLICATION

(Teacher Aide, Secretary, Coaching, Maintenance, Custodian, Food Service, Security Guard)

Application for positions in the Las Vegas City Schools District will complete this form and its enclosures and submit them to the Superintendent's Office. If the position requires a State Department License (Coaching, Etc.) You must submit copy of license with the application form.

Last Name	First Name	Middle Name
Present Address (Street/P.O.)	City	State
Permanent Address	Zip	Present Phone No.
Social Security No. _____	Permanent Phone No.	
Present Position _____	Other Phone No.	
Date of Application _____	Date Available _____	

Position Preferred:

1st Choice _____

2nd Choice _____

3rd Choice _____

1. EMPLOYMENT HISTORY:

Name and Location of Employment	Type of Job	No. Years	Full Time	Part Time	Reason for Leaving
Example: New Mexico Highlands University Las Vegas, New Mexico	Custodian	4		X	Looking for full-time
Example: New Mexico Highway Department Las Vegas, New Mexico	Secretary	7	X		Relocated

Total Number of Years Experience _____

(APPLICATIONS ARE KEPT ON FILE FOR TWO YEARS)

Date Received _____ Date Inactive _____ Date Renewed _____

2. EDUCATION:

High School/College	Dates of Attendance (Years)	High School Diploma Degree Conferred	Date

3. CERTIFICATION/LICENSURE: (For Coaches, Teacher Aides & Substitutes)

Licensure No. / Certificate	Issued By State	Type/Level Licensure	Area of Specialization	Date Issued	Date Expired

Have you applied for New Mexico Licensure for Teacher Aide, Substitute or Coaching? _____ If "NO", Explain _____

For Coaching, have you passed the ACEP/NMAA requirements? _____ If "NO", indicate date you will complete this requirement. _____

As a Coach, have you ever been issued a "waiver or one year license in New Mexico _____ . If "YES" give date and name of employing School District. _____ .

4. PERSONAL

Are you a citizen of the United States? _____ Are you an alien permanent resident? _____ (if "yes", form I-551 or I-151 required)

List the relative(s) who is/are either a member of the Las Vegas City Schools Board of Education or employed in any capacity in the Las Vegas City School District.

Name of Relative	Relationship	Position Held

Have you ever been injured on a job? _____ Yes _____ No If so, when and by whom were you employed? _____

Do you have any preexisting physical impairments from this accident? _____ Yes _____ No "YES", explain: _____

Have you ever been asked to resign, been discharged or been non-renewed from any position, teaching or otherwise? _____ Yes _____ No If "YES", explain: _____

Have you ever had your license revoked? _____ Yes _____ No

Do you currently have any outstanding criminal charges or warrants of arrest pending against you in New Mexico or in any other state _____ Yes _____ No

Have you ever been convicted of any crime _____ Yes _____ No

Have you ever been convicted of a felony or any crime involving dishonesty or moral turpitude? _____ Yes _____ No

APPLICANTS STATEMENT

I hereby authorized the Las Vegas City School District to investigate all statements contained in this application. I affirm that all information contained in this application is true and complete and that misrepresentation, falsification or omission herein, shall be sufficient reason for dismissal from, or refusal of employment. I understand that my previous employers may be asked for information relative to my employment record with them. I hereby authorize the Las Vegas City School District to request from my previous employers information relative to my prior employment and I hereby authorize my previous employers to release the same. I authorize the Las Vegas City School District, to secure criminal records from any governmental units and I hereby authorize said government unit to release the same. I agree, if accepted for employment, to Comply with all rules and regulations of the Las Vegas City School District to perform all duties assigned to me the best of my ability and to be responsible for Las Vegas City School property entrusted to my care. Furthermore, I agree to acquaint myself with school policy and abide thereby reading the Policy Handbook.

Signature: _____ Date _____

The Las Vegas City School District shall adhere to a policy of equal employment opportunities for all employees. During the selection and employment process, individuals shall be employed without regard to race, creed, color, age, sex, religion, marital status, national origin or physical disability, except in situations where physical disability renders such applicant not "otherwise qualified." Discrimination against any person shall be prohibited in recruitment, examination, appointment, training, promotion, retention, discipline and any opinions of affiliation, or because of other non-merit factors. Inquires concerning your rights or grievances should be referred to the Superintendent, Las Vegas City School District, 901 Douglas Avenue, Las Vegas, New Mexico 87701.

Las Vegas City Schools

901 Douglas Avenue

Las Vegas, New Mexico 87701

(505) 454-5700 – (Superintendent’s Office)

Fax #: (505) 454-6965

APPLICANTS INSTRUCTION SHEET

Dear Applicant:

We feel honored that you are filing an application for employment with the Las Vegas City School District. Ours is a very successful school system due largely to the dedicated employees who influence the lives of the students enrolled in our schools. Our application is available to any interested person upon request. Those people who file applications with our district are given consideration for employment as vacancies occur, provided they have followed the procedures listed below. An incomplete application will not be processed. All required forms and documents must be submitted with completed applications.

APPLICATION INSTRUCTIONS

1. **Submit the following items to the Superintendent’s Office with your completed application:**
 - A. **a copy of a teaching license/certificate or a university letter verifying the completion date for licensure/certification.**
 - B. **Copy of transcript(s) showing your degree(s).**

NOTE:

Recent graduates must list student teaching supervisors and their cooperating teachers as references.

All forms inside the application must be signed and submitted with the application.

2. **Mail the completed application and all the requested items to:**

**Las Vegas City Schools
901 Douglas Avenue
Las Vegas, New Mexico 87701**

3. **A letter requesting that your application remain active for future consideration must be sent to The Superintendent’s Office by September 1 of each year. If we do not receive a letter from you, your application will become inactive.**

If you have questions concerning our school system, please call us at (505) 454-5700.

Sincerely,

Richard E. Romero
Superintendent

RER/rm

Las Vegas City Schools

901 Douglas Avenue
Las Vegas, New Mexico 87701
(505) 454-5700 – (Superintendent's Office)
Fax #: (505) 454-6965

FROM: Superintendent, Las Vegas City School District
TO: College or University Teacher Placement Office
DATE:
SUBJECT: Credential File

Please send us the credential file for the following teacher:

NAME _____

DEGREE _____

DATE DEGREE AWARDED _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

(Do not detach)

(TO BE READ AND SIGNED BY APPLICANT)

We would appreciate your cooperation in reading and signing the statement below. (Note: The following statement must be signed and returned with your application before it will be placed in our active files.)

“In order that the officials of the Las Vegas City School District may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of whatsoever nature on account of furnishing such information. I hereby authorize the party receiving this form to give full and complete information requested will become a part of my personnel file, if I am employed by the district. I agree that the information will not be disclosed to me, but will be treated as confidential by the district. I waive any right to see this information.”

Applicant's Signature _____

(over)

TO BE COMPLETED BY APPLICANT

Please print or type the name and address of the college/university where your credential file is located. Your signature is requested on the opposite side of this page so that we might secure your credential file.

TEACHER PLACEMENT OFFICE

(College/University)

(Street & Address)

(City)

(State)

(Zip Code)

Las Vegas City Schools



Criminal History Record Information

New Mexico Education Code authorizes a school district to obtain the criminal history of every applicant for employment with the Las Vegas City School District. Therefore, as a part of your application process, you are required to complete the following questions.



PLEASE PRINT:

1. Full Name _____, _____, _____, _____
 (Last) (First) (MI) (Maiden)
2. Gender (circle one): M F
3. Race (circle one): White Black Asian Other _____
4. Date of Birth _____ / _____ / _____
 (Month) (Day) (Year)
5. Social Security Number _____
6. Drivers License Number _____ State Issued _____
7. We will be checking your Driving Record through the *Samba Agency*.



I hereby authorize any law enforcement agency, including a police department, New Mexico Department of Public Safety, to release to the Las Vegas City School District (LVCS) my complete criminal record. I understand that the Las Vegas City School District (LVCS) is prohibited by Federal Regulations from providing me with a copy of my LVCS criminal history record; however, I further understand that upon my request, the District may quote to me data from the report. Thereafter, I have the right to challenge the accuracy of my LVCS criminal history record and I will record and I will bear the cost of this investigation.



(Signature)

(Date)

Applicant:

Please fill in your name on the front side of the Three- (3) reference forms, complete the backside (name, address, of references) sign and return them with your application to our office. You may use the same references as in your placement file.

Thank You

Applicant:

Please fill in your name on the front side of the Three- (3) reference forms, complete the backside (name, address, of references), sign and return them with your application to our office. You may use the same references as in your placement file.

Thank You

Applicant:

Please fill in your name on the front side of the Three- (3) reference forms, complete the backside (name, address, of references), sign and return them with your application to our office. You may use the same references as in your placement file.

Thank You

Applicant:

Please fill in your name on the front side of the Three- (3) reference forms, complete the backside (name, address, of references), sign and return them with your application to our office. You may use the same references as in your placement file.

Thank You

_____ is seeking employment with the Las Vegas City School District, for the position of _____
 _____ We would appreciate your assistance in the evaluation of this person.

Please use the following scale to rate this applicant's demonstrated competence:

(*Please rate the applicant by circling the appropriate number)

5 - Clearly Outstanding	3 - Satisfactory	1 - Unsatisfactory
4 - Exceeding Expectations	2 - Below Expectations	0 - No Opportunity to Observe

ALL RESPONDENTS, PLEASE RATE THIS APPLICANT ON SECTIONS I AND II.

- I.**
INTERPERSONAL RELATIONSHIPS
- | | |
|---|-------------|
| A. Promotes good staff relations | 5 4 3 2 1 0 |
| B. Exhibits judgement and tact | 5 4 3 2 1 0 |
| C. Demonstrates warmth, friendliness, and enthusiasm | 5 4 3 2 1 0 |
| D. Demonstrates patience, empathy, and understanding | 5 4 3 2 1 0 |
| E. Promotes effective community public relations | 5 4 3 2 1 0 |

- II.**
PERSONAL CHARACTERISTICS:
- | | |
|--|-------------|
| A. Expresses ideas clearly | 5 4 3 2 1 0 |
| B. Exhibits health necessary to meet responsibilities | 5 4 3 2 1 0 |
| C. Exhibits sense of humor | 5 4 3 2 1 0 |
| D. Exhibits appearance appropriate for the workplace | 5 4 3 2 1 0 |
| E. Exhibits dependability | 5 4 3 2 1 0 |

ONLY PERONS WHO HAVE KNOWLEDGE OF THE APPLICANT'S TEACHING SKILLS SHOULD COMPLETE SECTIONS III, IV, & V

- III.**
INSTRUCTIONAL STRATEGIES:
- | | |
|--|-------------|
| A. Provides opportunity for students to participate actively and successfully | 5 4 3 2 1 0 |
| B. Plans instruction to achieve selected objectives | 5 4 3 2 1 0 |
| C. Evaluates and provides feedback on student progress during instruction | 5 4 3 2 1 0 |
| D. Allows for individual difference among learners | 5 4 3 2 1 0 |
| E. Demonstrates ability to evaluate learner progress | 5 4 3 2 1 0 |
| F. Demonstrates a variety of teaching methods | 5 4 3 2 1 0 |

- IV.**
CLASSROOM MANAGEMENT AND ORGANIZATION:
- | | |
|--|-------------|
| A. Organizes material and students | 5 4 3 2 1 0 |
| B. Maximizes amount of time available for instruction | 5 4 3 2 1 0 |
| C. Maintains supportive environment | 5 4 3 2 1 0 |

- V.**
LEARNING ENVIRONMENT:
- | | |
|--|-------------|
| A. Uses strategies to motivate students | 5 4 3 2 1 0 |
| B. Demonstrates understanding of students and their needs | 5 4 3 2 1 0 |
| C. Manages student behavior | 5 4 3 2 1 0 |
| D. Promotes effective parent relations | 5 4 3 2 1 0 |

ONLY PERSONS WHO HAVE KNOWLEDGE OF THE APPLICANT'S SKILLS IN THE FIELDS OF NURSING, OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY SHOULD COMPLETE SECTION VI.

- VI.**
THERAPY/NURSING PROCESS::
- | | |
|--|-------------|
| A. Plans schedule to achieve health care/therapy objectives | 5 4 3 2 1 0 |
| B. Knows and utilizes appropriate job skills | 5 4 3 2 1 0 |
| C. Organizes and maintains work environment | 5 4 3 2 1 0 |
| D. Communicates effectively with patients/clients and staff members | 5 4 3 2 1 0 |
| E. Maintains complete and accurate records | 5 4 3 2 1 0 |
| F. Maximizes amount of time available for work responsibilities | 5 4 3 2 1 0 |

My relationship to the applicant is/was: _____

Why did the applicant leave your employ? _____

Would you be willing to employ or re-employ this applicant? _____

Name _____ Signature _____ Date _____

(THIS SIDE TO BE COMPLETED BY APPLICANT)

NOTE: The Las Vegas City School District will send this form to the principals, college, professors, counselors, classroom teachers, former employers, bankers, ministers, peer, etc.

PLEASE PRINT OR TYPE NAME AND ADDRESS OF REFERENCES:

_____	NAME
_____	STREET & ADDRESS
_____	CITY, STATE & ZIP

We would appreciate your cooperation in reading and signing the statement below.

(NOTE: The following statement must be signed and returned with your application before it will be placed in our active files.)

“In order that the officials of the Las Vegas City School District may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me. I do hereby hold harmless and release Las Vegas City Schools, its officials, employees, agents, and Board of Education and my former employers from any and liability for damage of whatsoever nature on account of furnishing such information. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Las Vegas City School District. I agree that the information requested will become a part of my personnel file if I am employed by the District. I further agree that the information will not be disclosed to me, but will be treated as confidential by the District. I waive any right to see this information at any time either prior to, during, or subsequent to my employment. I hereby authorize the Las Vegas City School District to request from my previous employers and any other persons who may have knowledge of me, information relative to my personal character and qualification for employment and I hereby authorize my previous employers and others to release the same.”

Applicant's Signature

Date

NOTICE

***THERE WILL BE AN
EMPLOYEE FINGERPRINTING
AND BACKGROUND CHECK
CONDUCTED ON THE
INDIVIDUAL(S) HIRED
FOR THE POSITION(S).***