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Academics, Arts, Character Education, Service Learning, Technology

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of School of Dreams Academy to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Tele. No. ()
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Cell Phone No. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	No. of years at previous address?	
E-Mail Address		
Have you ever been convicted of a felony? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain: <i>(A conviction will not necessarily disqualify you.)</i> Use separate sheet if necessary.		

EMPLOYMENT DESIRED

Position desired:	Date Available	Salary desired
Are you presently employed? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, may we contact your present employer? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Current Employer Name _____		
Current Employer Contact Information _____		
Are you licensed in New Mexico? _____	New Mexico License File No _____	
Type of License _____	Expiration Date _____	
Endorsement Codes _____	Please Attach Copy of License _____	

EDUCATION AND TRAINING

School Name and Location (Include high school, undergraduate and graduate work in order taken).	Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/Total Hours (if applicable)
	From	To			
If You Need More Space, Please Attach Extra Pages					Please include copies of your transcripts.

EMPLOYMENT HISTORY

Employer Name & Location (Begin with Present Position)	Position Held	Dates	Immediate Supervisor Name	Contact Phone Number	Reason for Leaving

PROFESSIONAL REFERENCES

Name	Address	Telephone	Relationship to Applicant

School of Dreams Academy is an Equal Opportunity Employer and states its intent to comply with the spirit of the law and regulations of Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Background checks are required on all new personnel.

I have read and completed this form honestly and entirely.

Applicant Signature

Date

SCHOOL OF DREAMS ACADEMY

428 Los Lentos Rd. S.E.

Los Lunas, NM 87031

AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE

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 of Dreams Academy to further consider me for possible employment.

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

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 OF DREAMS ACADEMY 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 School of Dreams Academy, 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 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 School of Dreams Academy 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: _____

CRIMINAL HISTORY AFFIDAVIT

Applicant/New Employee

Dear Applicant: Most positions with the School of Dreams Academy involve contact with our student population. We ask that you provide the 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 is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination of employment regardless of when the misrepresentation or omission is discovered. I, _____, being an applicant for _____, or having been offered, a position with School of Dreams Academy, 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 School of Dreams Academy will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

SECTION I (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 (see NOTE at bottom of Section II) I attach to this form 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 the appropriate Yes or No box for the following questions)

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or if you have offered a resignation to your previous employer? Yes No
2. Have you ever been reprimanded for misconduct? Yes No
3. Have you ever been disciplined for misconduct? Yes No
4. Have you ever been discharged for misconduct? Yes No
5. Have you ever been asked to resign from a prior position for misconduct? Yes No
6. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person? Yes No
7. Or involving your employer's investigation of criminal conduct? Yes No
8. Have you ever been convicted of a sex related offense? Yes No
9. Have you ever been convicted of a drug-related offense? Yes No
10. Have you ever been charged with sexual abuse of another person? Yes No
11. Have you ever been investigated for sexual abuse of another person? Yes No
12. Have you ever been charged with any crime involving sexual abuse of any person or any other crime? Yes No
13. Have you ever pled guilty or "no contest" (nolo contendere) for any crime involving sexual abuse of any person or any other crime? Yes No
14. Have you ever been convicted of any crime involving sexual abuse of any person or any other crime? Yes No
15. Have you ever been convicted of a crime, other than a minor traffic offense? Yes No
16. Have you ever entered a plea of guilty or a plea of "no contest" for any crime other than a minor traffic offense? Yes No
17. 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? Yes No

NOTE: If you have answered yes to any of the questions above, 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 sign and date each sheet in the upper right corner.

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

1. Abandonment or abuse of a child
2. Sexual abuse of a minor
3. Incest of a minor
4. Sexual assault of a minor
5. Sexual exploitation of a minor
6. Sexual exploitation of a minor by prostitution

7. Contributing to the delinquency of a minor
8. Enticement of a child
9. Trafficking controlled substances
10. Distributing controlled substances to a minor
11. Delivery to a minor of drug paraphernalia
12. A dangerous crime against a child or children
13. Criminal sexual contact of a minor
14. Molestation of a child
15. Criminal sexual penetration
16. Criminal sexual contact
17. Indecent exposure
18. Aggravated indecent exposure
19. Aggravated assault of a minor
20. Murder
21. Voluntary manslaughter
22. Kidnapping
23. Arson
24. Burglary or Robbery
25. Sale, delivery, display of sexually oriented material to minors
26. Prostitution
27. Patronizing prostitutes
28. Promoting prostitution
29. Accepting earnings of a prostitute
- 30 D.U.I./DWI/

I understand and agree that any offer of employment that I may receive, or have received, from School of Dreams Academy is conditioned by law upon the school'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 school immediately if any information contained in this affidavit is inaccurate or if any information received by School of Dreams Academy is inconsistent with any statement made by me on this affidavit. I authorize the School of Dreams Academy 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 School of Dreams Academy, its agents and officials or any provider of such information. I understand that all terms of employment or offers of employment are conditional until the required background investigation is complete. I have read this authorization and release of all claims, and I expressly agree to the terms set forth herein.

Signature: _____ Date: _____ Printed Signature: _____

Social Security Number: _____

State of Subscribed and sworn to before me this ____ Day of ____ 200 ____

State of _____ My Commission Expires: _____

County of _____ Notary Public Signature _____

Notary Public Seal