



Kha’p’o Community School

FACE Parent Educator Job Application

All fields must be completed throughout the application

Applicant Information

Date of Application completion: _____

Applicant Last Name: _____ First Name: _____ MI: _____

Applicant’s Mailing Address: _____

Applicant's Physical Address: _____

Social Security Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Personal Email Address: _____

Have you ever been employed by Kha’p’o Community School? Yes () No () If yes, provide month and year, and reason for leaving. _____

What is your soonest availability? _____

Do you identify as Native American/Alaska Native? Yes () No () If yes, please provide: (you will be required to complete Form BIA-4431 found on www.khapoeducation.org)

Tribal Affiliation: _____ Enrollment Number: _____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes () No ()

If yes, identify the crime for which you were convicted, the dates of conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

Have you ever been convicted of a DUI/DWI? Yes () No () If yes, provide date of conviction, month/day/year.

Are you related to anyone currently employed with KCS? Yes () No () If yes, provide name and relationship:

Are you related to anyone currently on KCS School Board? Yes () No () If yes, provide name and relationship:

What is your prior experience or background with Indigenous communities?

What most resonates with you about the mission of KCS?

Do you currently hold a valid New Mexico Teacher License? Yes () No ()

If yes, provide your Teacher License Number: _____ Type of license: _____

Level of License: Level 1 Level 2 Level 3 Teacher License Expiration Date: _____

Do you have endorsements? Yes () No () If yes, please provide endorsements.

If you do not have your Teaching License, are you eligible for licensure in New Mexico? Yes () No () If yes, how soon will you be able to receive your licensure? _____

If no, why not? _____

Provide any other states you are licensed to teach: _____

Are you willing to complete the process to obtain your NM Teaching License if you are licensed in a different state? Yes () No ()

Has your Teaching License ever been suspended or revoked? Yes () No ()

Employment History

Dates of Employment: (MO/YR - MO/YR) _____

Name of Employer: _____

Address: _____

Name of Supervisor & Title: _____

Phone Number: _____

Work status:

Full-Time _____

Part-Time _____

Substitute _____

Subject(s) taught, Grade Level or Position Held _____

May we contact this Employer? Yes _____ No _____

Dates of Employment: (MO/YR - MO/YR) _____

Name of Employer: _____

Address: _____

Name of Supervisor & Title: _____

Phone Number: _____

Work status:

Full-Time _____ Part-Time _____ Substitute _____

Subject(s) taught, Grade Level or Position Held _____

May we contact this Employer? Yes _____ No _____

Dates of Employment: (MO/YR - MO/YR) _____

Name of Employer: _____

Address: _____

Name of Supervisor & Title: _____

Phone Number: _____

Work status:

Full-Time _____ Part-Time _____ Substitute _____

Subject(s) taught, Grade Level or Position Held _____

May we contact this Employer? Yes _____ No _____

TOTAL NUMBER OF YEARS TEACHING EXPERIENCE: _____

Certification and Agreement (Read carefully before signing)

I UNDERSTAND AND AGREE THAT:

- 1) It is my understanding that Kha'p'o Community School (KCS) will conduct a thorough background investigation that includes a criminal history investigation, fingerprinting, an investigation of my work, communication with former employer(s), educational institutions, professional and personal references, professional and licensing boards or other person(s) that concerns education, training, experience, qualifications and employment used to determine eligibility to work for KCS. I authorize the background investigation and the giving and receiving of any information requested by KCS and/or Independent Contractor. Consideration for employment may be contingent upon a favorable background result.
- 2) I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. This information includes, but not limited to, relevant data as to job performance, reasons for termination, convictions, information relating to arrests or convictions for criminal offenses, professional licensure, and review of any of these records. I understand that falsification will result in refusal of employment or termination from employment, if employed.
- 3) Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or termination of employment, if employed.
- 4) I understand that this document is an application for employment and continued employment is not being offered. In the event of employment, I hereby understand and agree that my employment at KCS will be based on a yearly contract and that it can be terminated at any time pursuant to KCS policies and procedures. I also understand that KCS is a grant funded organization and that at any time that funding is lost, I may be subject to termination.

Applicant Signature: _____ Date: _____