

CLOVIS MUNICIPAL SCHOOL DISTRICT
1009 MAIN STREET, CLOVIS, NEW MEXICO 88102-9000, Phone: 575-769-4322

Insert to Employment Application
CRIMINAL HISTORY AFFIDAVIT
Applicant/New Employee

Dear Applicant: Most positions with the Clovis Municipal Schools (CMS) 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 insert 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**
PRINT FULL NAME
with the CMS, 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 CMS will consider the nature of any conviction or alleged conduct underlying the affirmative response and the position for which you are applying.

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

- | | | |
|-----------------------------------|-----------------------------|---|
| 1. Sexual abuse of a minor | 11. Enticement of a child | 21. Abandonment or abuse of a child |
| 2. Sexual conduct with a minor | 12. Sexual assault | 22. Delivery to a minor of drug paraphernalia |
| 3. Sexual exploitation of a minor | 13. Kidnapping | 23. Contributing to the delinquency of a minor |
| 4. Criminal sexual conduct | 14. Arson | 24. Sale, delivery, display of sexually oriented material |
| 5. Voluntary manslaughter | 15. D.U.I./D.W.I. | 25. Distribution of a controlled substance |
| 6. Burglary or Robbery | 16. Patronizing prostitutes | 26. Dangerous crime against a child or children |
| 7. Molestation of a child | 17. Incest | 27. Commercial sexual exploitation of a minor |
| 8. Promoting prostitution | 18. Prostitution | 28. Trafficking controlled substances |
| 9. Criminal sexual penetration | 19. Murder | 29. Criminal sexual contact of a minor |
| 10. Aggravated assault of a minor | 20. Indecent Exposure | 30. Accepting earnings of a prostitute |

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 I attach to this form (see NOTE at bottom of Section II on reverse side of this sheet) 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.

(CONTINUED ON REVERSE SIDE - COMPLETE REVERSE SIDE ALSO)

SECTION II (Please check yes or no for the following questions)

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position for misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. 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, of mishandling of funds, or of criminal conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been convicted of a sex- or drug-related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been charged with, or investigated for sexual abuse of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been charged with, pled guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest", or 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: If you have answered yes to any of the previous seven questions, 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.

I understand and agree that any offer of employment that I may receive, or have received, from the CMS is conditioned by law upon the district'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 district immediately if any information contained in this affidavit is inaccurate or if any information received by CMS is inconsistent with any statement made by me on this affidavit.

I authorize the CMS 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 CMS, its agents and officials or any provider of such information.

I understand that all terms of employment or offer 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 NAME

SOCIAL SECURITY NUMBER

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____.

 My Commission Expires
 (SEAL)

 Notary Public