

Work Experience			
Name of Institution Supervisor's Name Address	Telephone Number Include Area Code	Dates From To	Assignment and Reason for Leaving
1.			
		Full Time?	
		Yes No	
2.			
		Full Time?	
		Yes No	
3.			
		Full Time?	
		Yes No	

Required References		
Name and Address	Telephone number and area code	Official Position

Please list any additional qualifications and skills:

Please list any licenses/certificates/college classes/ workshops that may be job related.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been involuntarily terminated or asked to resign from the employment of another school district? ___ Yes ___ No. If yes, please explain in a confidential letter to Mosaic Academy.
2. Are you eligible to work in the United States? ___ Yes ___ No. If no, please explain in a confidential letter to Mosaic Academy.

Agreement and Authorization

I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Failure to provide all or part of the information requested may result in the refusal of Mosaic Academy to further consider me for possible employment.

I hereby authorize Mosaic Academy and its agents to investigate my work history and education history and to conduct personal reference inquiries. I understand that Mosaic 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 (including a photocopy and/or a facsimile copy) to provide and release complete information as may be requested and waive any claim of confidentiality I might have with regard to such information. Any person or entity providing information or records in accordance with this Agreement and Authorization is released 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 this information, which might arise from supplying information concerning my background to Mosaic Academy under a guarantee of confidentiality.

I understand that if I am actually recommended for employment, I shall submit to a criminal background investigation, including mandatory fingerprinting at my expense, to determine my acceptability for employment with Mosaic Academy. 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 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 Mosaic 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 by either New Mexico or federal law.

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 checks are not satisfactory in the sole discretion of Mosaic Academy, that the Academy may provide me written notice of the withdrawal of its offer, and that I shall be entitled to no further process or procedure.

Signature of Applicant

Date