

PRE-APPRENTICESHIP PROGRAM INSTRUCTOR APPLICATION FORM

NAME OF PRE-APPRENTICESHIP PROGRAM	
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INSTRUCTOR'S NAME			
LAST	FIRST	MIDDLE INITIAL	
MAILING ADDRESS	CITY	STATE	ZIP CODE
NEW MEXICO COUNTY	GENDER	ETHNICITY (OPTIONAL)	DATE OF BIRTH
	<input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE		
TELEPHONE NUMBER			

Instructor is endorsed by which industry organization or registered apprenticeship program (Include endorsing organization's contact name and ph #)?

CHARACTER AND FITNESS

Please **complete the following questions carefully and completely** before providing information and signing the oath. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of instructor approval. *If you answer "yes" to any of questions 1-5 below, please provide a complete narrative description of details about your answer(s) on a separate sheet, including dates, places, etc.*

1. Have you ever been disciplined, reprimanded, suspended or discharged, from any employment because of allegations of misconduct?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever resigned, entered into a settlement agreement, or otherwise left employment following an allegation of misconduct?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	
3. Is any action now pending against you for alleged misconduct, including application discrepancies?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever failed to fulfill the terms of a contract? (Resigning from employment, if proper notice was given, does not constitute failure to fulfill a contract.)		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you currently have any outstanding criminal charges, warrants of arrest, or conditions of probation pending against you in New Mexico or in any other state?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	

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CAUTION: Consider your answer to the following question (#6) carefully. Answer “yes” if you have ever been fingerprinted as the result of any arrest or detainment, even if the charges were later dismissed. The question is about ever having been fingerprinted, not about the disposition of a case.

6. Have you ever been fingerprinted as a result of any arrest or detainment for any crime or violation of the law?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever pled guilty to, or been convicted of, any crime or violation of law, including entering a plea of *nolo contendere* or receiving a deferred or suspended sentence? (For purposes of this application, minor traffic citations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI), however, must be reported.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

8. Are you currently delinquent in payment of court-ordered child support?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the questions 5-8 above, please provide a complete narrative description of the details about your answer(s) on a separate paper, including the nature of the offense, charge, warrant or condition, the name and location of the arresting agency, if any, and the date of any arrest. Also provide relevant court disposition papers including a complete copy of the judgment and sentence and the current status of the case, restitution, payment of fines and/r court costs, and satisfactory completion of the sentence. If court documents are not available, submit a letter from an official of the court certifying that documents are not available.

9. Have you ever had a court-ordered screening for alcohol or drug dependence?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to question 9 above, contact the appropriate agency and request that a copy of the alcohol or drug dependence screening is forwarded to program provider office. Also, provide evidence of completion of any such treatment, counseling, or alcohol and drug instructional program.

Resume and references with credentials attached.

OATH

FALSE STATEMENTS OR OMISSIONS ARE CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE

I, _____,
PRINT NAME

swear or affirm under the penalty of perjury that all information I submitted in this application is true, correct, and complete to the best of my knowledge, information, and belief. I understand that any material misrepresentation or material omissions of fact in this application are grounds for denial, or suspension of the industry instructor position that I am seeking.

Signature of Applicant

Date