

Due to corona virus pandemic restrictions, please return completed applications by snail mail to: **Chief Clerk of the House, Room 100 State Capitol Santa Fe, NM 87501** or email to: **house@nmlegis.gov**

**NEW MEXICO HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT
2024 LEGISLATIVE SESSION (Session only)
{PLEASE INCLUDE CURRENT RESUME}**

The New Mexico House of Representatives is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question *fully and accurately*. PLEASE PRINT, except for signature on last page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related

_____	_____	_____
Last Name	First Name	Middle Name or Initial

Primary Phone (____) _____ Secondary Phone (____) _____ - _____ Other Phone (____) _____

EMAIL _____ ADDITIONAL EMAIL _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
(IF DIFFERENT FROM PHYSICAL ADDRESS)

ARE YOU A RESIDENT OF NEW MEXICO? YES NO – If YES, NUMBER OF YEARS? _____ LEGISLATIVE DISTRICT _____

WHO IS YOUR REPRESENTATIVE? _____

DO YOU HAVE PRIOR LEGISLATIVE EXPERIENCE? YES NO – If YES, PLEASE FILL IN THE FIELDS THAT APPLY BELOW.

<i>WHERE/LOCATION</i>	<i>POSITION(S) HELD</i>	<i>DATES OF EMPLOYMENT</i>
<i>WHERE/LOCATION</i>	<i>POSITION(S) HELD</i>	<i>DATES OF EMPLOYMENT</i>

HAVE YOU APPLIED WITH THE NM HOUSE OF REPRESENTATIVES BEFORE? YES NO – If YES, WHEN? _____

POSITION(S) APPLYING FOR
(IF APPLYING FOR MORE THAN ONE POSITION, PLEASE INDICATE BY NUMBER THE ORDER OF PREFERENCE TO THE LEFT OF THE DESIRED POSITION.)

<p>_____ Legislative Assistant</p> <p>_____ Receptionist</p> <p>_____ Legislative Support</p> <p>_____ Committee Assistant</p> <p>_____ Leadership Assistant</p> <p>_____ Financial Officer</p> <p>_____ Enrolling & Engrossing Clerk</p> <p>_____ Committee Room Attendant</p> <p>_____ Custodial</p>	<p>_____ Food Service</p> <p>_____ Reading Clerk <i>(Public Speaking Required)</i></p> <p>_____ Computer Support Specialist</p> <p>_____ Supply Clerk</p> <p>_____ Duplication Clerk</p> <p>_____ Security Officer <i>{Law enforcement cert. suggested}</i></p> <p>_____ Assistant Sergeant-at-Arms</p> <p>_____ Duplication Clerk</p> <p>_____ Research Analyst</p>
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<u>FOR OFFICIAL USE ONLY</u>	INTAKE FORM <input type="checkbox"/>
Date received: _____ Received by _____	Scanned: _____
Disposition: _____	Position hired for: _____
Called: _____	

EMPLOYMENT HISTORY

Starting with your present or last job, list names of employers in consecutive order with present or last employer listed first. Include any job-related military service assignments and volunteer activities. *(If self-employed, give firm name and supply business references)*

NAME OF EMPLOYER			JOB TITLE AND DUTIES	
ADDRESS			DATES OF EMPLOYMENT (MONTH/YEAR)	
STREET			FROM	TO
CITY	STATE	ZIP CODE	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REASON FOR LEAVING			SUPERVISOR	CONTACT NUMBER ()
NAME OF EMPLOYER			JOB TITLE AND DUTIES	
ADDRESS			DATES OF EMPLOYMENT (MONTH/YEAR)	
STREET			FROM	TO
CITY	STATE	ZIP CODE	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REASON FOR LEAVING			SUPERVISOR	CONTACT NUMBER ()
NAME OF EMPLOYER			JOB TITLE AND DUTIES	
ADDRESS			DATES OF EMPLOYMENT (MONTH/YEAR)	
STREET			FROM	TO
CITY	STATE	ZIP CODE	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REASON FOR LEAVING			SUPERVISOR	CONTACT NUMBER ()
ARE YOU A PERA RETIREE? <input type="checkbox"/> YES <input type="checkbox"/> NO – If YES, DATE OF RETIREMENT? _____				

EDUCATION

Colleges, Military, Trades, Business or other schools attended after High School

Indicate the highest level of education completed or in the process of completing.

NAME / BRANCH	LOCATION / BRANCH	DEGREE / CERTIFICATION
<input type="checkbox"/> GED		
<input type="checkbox"/> High School		
<input type="checkbox"/> Associates		
<input type="checkbox"/> Bachelors		
<input type="checkbox"/> Masters		
<input type="checkbox"/> Ph.D.		
<input type="checkbox"/> Military		
<input type="checkbox"/> Business		
<input type="checkbox"/> Technical		
<input type="checkbox"/> Vocational		
Do you have additional training that relates to the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO—If YES, Please explain.		

SKILL SETS

DO YOU HAVE A WORKING KNOWLEDGE OF WINDOWS? YES NO

IF YES, WHAT VERSION? _____ SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

DO YOU HAVE A WORKING KNOWLEDGE OF WORDPERFECT? YES NO

IF YES, WHAT VERSION? _____ SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

DO YOU HAVE A WORKING KNOWLEDGE OF MICROSOFT OUTLOOK? YES NO

IF YES, WHAT VERSION? _____ SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

DO YOU HAVE A WORKING KNOWLEDGE OF MICROSOFT WORD? YES NO

IF YES, WHAT VERSION? _____ SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

DO YOU HAVE A WORKING KNOWLEDGE OF MICROSOFT EXCEL? YES NO

IF YES, WHAT VERSION? _____ SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

DO YOU HAVE EXPERIENCE WITH PROOFREADING AND/OR EDITING? YES NO

DO YOU HAVE A WORKING KNOWLEDGE IN REGARDS TO INFORMATION TECHNOLOGY, COMPUTER HARDWARE OR SOFTWARE? YES NO - IF YES, PLEASE EXPLAIN. _____

WHAT SKILL LEVEL? BASIC INTERMEDIATE ADVANCED EXPERT

I DO **I DO NOT** CONSENT THE HOUSE OF REPRESENTATIVES TO CONTACT EMPLOYERS LISTED AND AUTHORIZE THE RELEASE OF MY EMPLOYMENT INFORMATION. _____ (*PLEASE INITIAL*)

I UNDERSTAND EMPLOYMENT WITH THE HOUSE OF REPRESENTATIVES IS ONLY FOR THE DURATION OF THE LEGISLATIVE SESSION AND IT MAY REQUIRE WORKING ON HOLIDAYS, LATE HOURS AND WEEKENDS. I ALSO UNDERSTAND AS A SEASONAL EMPLOYEE, I WILL BE COMPENSATED ONLY FOR (AUTHORIZED) EXTRA HOURS WORKED AND ON AN HOURLY RATE.

YES **NO** _____ (*PLEASE INITIAL*)

I UNDERSTAND THAT THIS INFORMATION IS NOT CONFIDENTIAL, EXCEPT AS OTHERWISE PROVIDED BY LAW. I UNDERSTAND THAT EMPLOYMENT WITH THE NEW MEXICO HOUSE OF REPRESENTATIVES CAN BE TERMINATED AT ANY TIME.

I UNDERSTAND THAT CONSIDERATION FOR EMPLOYMENT IS CONTINGENT ON THE RESULTS OF REFERENCES, TEST AND BACKGROUND CHECK. I AUTHORIZE THE NEW MEXICO HOUSE OF REPRESENTATIVES TO INVESTIGATE THE TRUTHFULNESS OF ALL STATEMENTS MADE ON THIS APPLICATION AND TO CONTACT MY FORMER EMPLOYERS, OTHER LISTED REFERENCES, OR ANY OTHER PERSONS WHO CAN VERIFY INFORMATION.

I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY EDUCATION AND EMPLOYMENT HISTORY. I FURTHER AUTHORIZE THE CHIEF CLERK OF THE NEW MEXICO HOUSE OF REPRESENTATIVES TO DISCUSS THE RESULTS OF ANY INVESTIGATION WITH STATE REPRESENTATIVES.

I FURTHER AUTHORIZE ALL CONTACTED PERSONS AND FORMER EMPLOYERS TO PROVIDE INFORMATION CONCERNING THIS APPLICATION, MY BACKGROUND, AND SUITABILITY FOR EMPLOYMENT, AND I RELEASE EACH PERSON AND FORMER EMPLOYER FROM LIABILITY FOR PROVIDING SUCH INFORMATION.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT FALSIFICATIONS AND/OR OMISSIONS IN ANY DETAIL ARE GROUNDS FOR DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR IF HIRED, FOR DISMISSAL FROM EMPLOYMENT.

UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Applicant Signature

Today's Date

The Federal Immigration Reform and Control Act require individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, state agencies at the time of hire or no later than three business days after the date of hire.