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
2026 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.

WHERE/LOCATION	*POSITION(S) HELD*	*DATES OF EMPLOYMENT*
WHERE/LOCATION	*POSITION(S) HELD*	*DATES OF EMPLOYMENT*

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.)

_____ **Legislative Assistant**	_____ **Journal Clerk**
_____ **Receptionist**	_____ **Reading Clerk** *(Public Speaking Required)*
_____ **Legislative Support**	_____ **Computer Support Specialist**
_____ **Committee Assistant**	_____ **Supply Clerk**
_____ **Leadership Assistant**	_____ **Duplication Clerk**
_____ **Financial Officer**	_____ **Security Officer** {*Law enforcement cert. suggested*}
_____ **Enrolling & Engrossing Clerk**	_____ **Assistant Sergeant-at-Arms**
_____ **Committee Room Attendant**	_____ **Duplication Clerk**
_____ **Custodial**	_____ **Research Analyst**

FOR OFFICIAL USE ONLY **INTAKE FORM** ☐

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 ☐	NO ☐
			SUPERVISOR	CONTACT NUMBER ( )
REASON FOR LEAVING				

NAME OF EMPLOYER			JOB TITLE AND DUTIES	
ADDRESS			**DATES OF EMPLOYMENT** ***(MONTH/YEAR)***	
STREET			FROM	TO
CITY	STATE	ZIP CODE	May we contact? YES ☐	NO ☐
			SUPERVISOR	CONTACT NUMBER ( )
REASON FOR LEAVING				

NAME OF EMPLOYER			JOB TITLE AND DUTIES	
ADDRESS			**DATES OF EMPLOYMENT** ***(MONTH/YEAR)***	
STREET			FROM	TO
CITY	STATE	ZIP CODE	May we contact? YES ☐	NO ☐
			SUPERVISOR	CONTACT NUMBER ( )
REASON FOR LEAVING				

ARE YOU A PERA RETIREE? ☐ **YES** ☐ **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
☐ **GED**			
☐ **High School**			
☐ **Associates**			
☐ **Bachelors**			
☐ **Masters**			
☐ **Ph.D.**			
☐ **Military**			
☐ **Business**			
☐ **Technical**			
☐ **Vocational**			

Do you have additional training that relates to the job for which you are applying? ☐**YES** ☐**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***

Send by Email

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.