

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
2027 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? - - - - -		
<u>POSITION(S) APPLYING FOR</u>		
(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	☐ Research Analyst	
☐ Custodial		

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

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.