

**NEW MEXICO HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT
2020 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 (____) ____ - _____ | PRIMARY PHONE (____) ____ - _____ | PRIMARY PHONE (____) ____ - _____ |
| EMAIL _____ @ _____ . _____ | ADDITIONAL EMAIL _____ @ _____ . _____ | |
| PHYSICAL ADDRESS _____ | CITY _____ | STATE _____ ZIP CODE _____ |
| MAILING ADDRESS _____ | CITY _____ | STATE _____ ZIP CODE _____ |
| <i>(IF DIFFERENT FROM PHYSICAL ADDRESS)</i> | | |
| ARE YOU A RESIDENT OF NEW MEXICO? <input type="checkbox"/> YES <input type="checkbox"/> 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.)

| | |
|--|--|
| _____ Legislative Assistant _____ Receptionist/ Legislative Support _____ Committee Assistant _____ Leadership Assistant _____ Financial Officer _____ Information Desk Clerk _____ Tour Guide _____ Enrolling & Engrossing Clerk _____ Committee Room Assistant _____ Page Assistant | _____ Custodial _____ Food Service _____ Reading Clerk <i>(Public Speaking Required)</i> _____ Computer Support Specialist _____ Supply Clerk _____ Security Officer _____ Assistant Sergeant-at-Arms _____ Duplication Clerk _____ Research Analyst |
|--|--|

| | |
|--|---|
| FOR OFFICIAL USE ONLY | 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.