

Legislative Building Services  
 Room 211, State Capitol  
 Santa Fe, New Mexico 87503  
 (505) 986-4575  
 Veronica.Grace@nmlegis.gov

**Legislative Building Services  
 APPLICATION FOR EMPLOYMENT**

THIS ENTIRE FORM MUST BE PRINTED IN INK OR TYPED - (APPLICATION INFORMATION)

|                           |                       |               |                 |
|---------------------------|-----------------------|---------------|-----------------|
| Social Security Number:   | Position Applied For: |               |                 |
| Name: First               | M.I.                  | Last          |                 |
| Other Name(s) Used: First | M.I.                  | Last          |                 |
| Mailing Address:          | City:                 | State:        | Zip Code:       |
| Residence Phone:          | Business Phone:       | Cell Phone:   | E-mail Address: |
| County:                   |                       | Date of Birth |                 |

1. If you are (or have previously been) a resident of New Mexico, list dates:

2. Are you a United States Citizen? YES  NO

3. Do you have a valid driver's license? YES  NO

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

4. Have you previously worked or now work for the State of New Mexico? YES  NO

**EDUCATION AND FORMAL TRAINING**  
**Colleges, Military, Trades, Business or other schools attended after High School**

| Name, Location, Phone No. | Major Course of Study | Total # Credits | Type of Degree or Certificate Earned |
|---------------------------|-----------------------|-----------------|--------------------------------------|
|                           |                       |                 |                                      |
|                           |                       |                 |                                      |
|                           |                       |                 |                                      |

**WORK EXPERIENCE**  Attached resumé in lieu of the below

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| Employer:                   | Dates Employed     |       | Work Performed |
|-----------------------------|--------------------|-------|----------------|
|                             | From               | To    |                |
| Address:                    |                    |       |                |
| Telephone Number (s):       | Hourly Rate/Salary |       |                |
|                             | Starting           | Final |                |
| Starting/Present Job Title: |                    |       |                |
| Supervisor:                 |                    |       |                |

|                             |                    |                 |                |     |    |
|-----------------------------|--------------------|-----------------|----------------|-----|----|
| Reason for Leaving:         |                    | May we contact? |                | Yes | No |
| Employer:                   | Dates Employed     |                 | Work Performed |     |    |
|                             | From               | To              |                |     |    |
| Address:                    |                    |                 |                |     |    |
| Telephone Number (s):       | Hourly Rate/Salary |                 |                |     |    |
|                             | Starting           | Final           |                |     |    |
| Starting/Present Job Title: |                    |                 |                |     |    |
| Supervisor:                 |                    |                 |                |     |    |
| Reason for Leaving:         |                    | May we contact? |                | Yes | No |

**COMMENTS. INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT.**

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**ADDITIONAL INFORMATION**

Other qualifications: Summarize special job related skills and qualifications acquired from employment or other experience.

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**PERSONAL REFERENCES**

Name

Address/Telephone Number(s)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

*This information is not confidential, except as otherwise provided by law.*

I understand that employment with the New Mexico Legislative Building Services 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 Legislative Building Services 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, if necessary.

I understand that I may be required to verify education and employment history.

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 is grounds for disqualification from consideration for employment or if hired, for dismissal from employment.

**Unsigned applications will not be considered.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*The Federal Immigration Reform and Control Act requires 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 date of hire.*

**Legislative Council Service  
Legislative Building Services  
Room 211 State Capitol  
Santa Fe, New Mexico 87507**

**RELEASE OF INFORMATION FOR EMPLOYMENT**

I, \_\_\_\_\_, give the Legislative Council Service (Legislative Building Services) permission to conduct a background investigation for possible employment with the Legislative Building Services. My social security number is \_\_\_\_\_.

I have applied for the Security Officer position and understand that my driving and criminal history may be released to the Legislative Council Service (Legislative Building Services). I further give permission to have my prior employers contacted regarding my work performance and work history.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Notary:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(SEAL)

My commission expires: \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS \$15.00 PER RECORD CHECK

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

Alias' Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD**

**ADDRESS:** \_\_\_\_\_

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED AND SWORN TO BEFORE ME ON THIS** \_\_\_\_\_ **Day Of** \_\_\_\_\_ **20** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

**MY COMMISSION EXPIRES:** \_\_\_\_\_

