

NEW MEXICO HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT
2019 LEGISLATIVE SESSION *(Session only)*
 {PLEASE INCLUDE CURRENT RÉSUMÉ}

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 information.

Last Name	First Name	Middle Name or Initial
Primary Phone (____) ____-____ Secondary Phone (____) ____-____ Other Phone (____) ____-____		
Email _____@_____ . _____ and/or Additional Email _____@_____ . _____		
Physical Address _____		
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 fields below.

_____	_____	_____
Where/Location	Position(s) Held	Dates
_____	_____	_____
Where/Location	Position(s) Held	Dates

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 the order of preference to the left}.

- | | |
|---|--|
| _____ Legislative Assistant | _____ Custodian |
| _____ Receptionist/Legislative Support | _____ Food Service |
| _____ Committee Assistant | _____ Reading Clerk |
| _____ Leadership Assistant | _____ Computer Support Specialist |
| _____ Financial Officer | _____ Supply Clerk |
| _____ Information Desk Clerk | _____ Security Officer |
| _____ Tour Guide | _____ Assistant Sergeant-at-Arms |
| _____ Enrolling & Engrossing Clerk | _____ Duplication Clerk |
| _____ Committee Room Attendant | _____ Research Analyst |
| _____ Page Assistant | |

FOR OFFICIAL USE ONLY

Date received: _____	Scanned: _____
Disposition: _____	Position: _____
Called: _____	

INTAKE FORM

Revised 7/18

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)	
			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)	
			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)	
			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)	
			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? Yes No - If Yes, Date of Retirement _____

EDUCATION AND FORMAL TRAINING

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"/> High School / GED			
<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			

Additional training that relates to the job for which you are applying? Yes No - If Yes, please explain.

SKILLS

Do you have a working knowledge of Windows? Yes No
 If Yes, What version? _____ Skill Level? Basic Intermediate Advanced

Do you have a working knowledge of WordPerfect? Yes No
 If Yes, What version? _____ Skill Level? Basic Intermediate Advanced

Do you have a working knowledge of Microsoft Outlook? Yes No
 If Yes, What version? _____ Skill Level? Basic Intermediate Advanced

Do you have a working knowledge of Microsoft Word? Yes No
 If Yes, What version? _____ Skill Level? Basic Intermediate Advanced

Do you have a working knowledge of Microsoft Excel? Yes No
 If Yes, What version? _____ Skill Level? Basic Intermediate Advanced

Do you have experience in proofreading? Yes No

Do you have a working knowledge in regards to IT, computer hardware or software? Yes No

If Yes, please explain. _____

_____ What Skill Level? Basic Intermediate Advanced

I do do not consent for the House of Representatives to contact employers listed and authorize their 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*)

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.