

Legislative Council Service  
411 State Capitol  
Santa Fe, New Mexico 87501  
LCShiring@nmlegis.gov

## NEW MEXICO LEGISLATIVE COUNCIL SERVICE

### APPLICATION FOR EMPLOYMENT

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

Social Security Number:  
(last four digits)

Position Applied For:

Name: First

M.I.

Last

Mailing Address:

City:

State:

Zip Code:

Residence Phone:

Business Phone:

Cell Phone:

E-mail Address:

County:

Date of Birth

#### SKILLS

TYPING \_\_\_\_\_ WPM

SHORT HAND \_\_\_\_\_ WPM

COMPUTER SKILLS/SOFTWARE - (List) \_\_\_\_\_

KNOWLEDGE OF WORDPERFECT: No ( ) Yes ( ) Version: \_\_\_\_\_

KNOWLEDGE OF WINDOWS: No ( ) Yes ( ) Version: \_\_\_\_\_

EXPERIENCE IN PROOFREADING \_\_\_\_\_

#### 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.

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	
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number (s):	Hourly Rate/Salary		
	Starting	Final	
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	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.**


**ADDITIONAL INFORMATION**

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


**PERSONAL REFERENCES**

Name

Address/Telephone Number(s)

**LEGISLATIVE EMPLOYMENT HISTORY**

Year

Position

Supervisor

New Mexico

Other

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

I understand that employment with the New Mexico Legislative Council Service can be terminated at any time.

I understand that consideration for employment is contingent on the results of references, test and/or background check I authorize the New Mexico Legislative Council Service 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 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 is grounds for disqualification from consideration for employment or if hired, for dismissal from employment.

**Unsigned applications will not be considered.**

\_\_\_\_\_  
Initials of Applicant

\_\_\_\_\_  
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.*