

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.

ADDITIONAL INFORMATION

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

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: _____

