

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.*