Legislative Council Service 411 State Capitol Santa Fe, New Mexico 87501 (505) 986-4670 (505) 986-4280 fax

## NEW MEXICO LEGISTLATIVE COUNCIL SERVICE APPLICATION

## FOR EMPLOYMENT

Veronica.Grace@nmlegis.gov							
THIS ENTIR	E FORM MUST	BE PRINTED II	N INK OR TYPED - (A	PPLICATION INFORMATION)			
Social Security Number: (last four digits)	Position Applied For:						
Name: First	M.I.	Last					
Mailing Address:	City:	<u> </u>	State:	Zip Code:			
Residence Phone:	Business Phone:		Cell Phone:	E-mail Address:			
	County: Date of Birth						
			SKILLS				
TYPINGV	VPM			SHORT HAND WPM			
COMPUTER SKILLS/SOFTW	ARE - (List)						
KNOWLEDGE OF WORDPER	RFECT: No()	Yes ( ) Version	ı:				
KNOWLEDGE OF WINDOWS	S: No ( ) Yes (	) Version:					
EXPERIENCE IN PROOFREA	.DING						
EDUCATION AND FORMAL TRAINING Colleges, Military, Trades, Business or other schools attended after High School							
Name, Location, Phone No.	Major Cou	rse of Study	Total # Credit	ts Type of Degree or Certificate Earned			

Address: Telephone Number (s): Starting Front Supervisor: Reason for Leaving: May we contact? Yes No Employer: Telephone Number (s): Starting Front To		in lieu of the below			
Address: Telephone Number (s): Starting/Present Job Title: Supervisor: Reason for Leaving: Reason for Leav	Start with your present or last job. Include any job-relate	d military service assignmen	its and volunteer	activities.	
Address: Telephone Number (s): Starting/Present Job Title: Supervisor: Reason for Leaving: Dates Employer: Prom To Address: Telephone Number (s): Starting Final  Starting/Present Job Title: Supervisor: Reason for Leaving: Telephone Number (s): Starting Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No Dates Employer Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No Dates Employer Final  Starting/Present Job Title: Supervisor: Reason for Leaving: Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No Dates Employer Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No Dates Employer Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No Dates Employer Final  Starting/Present Job Title: Supervisor: Reason for Leaving: May we contact? Yes No COMMENTS. INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT.	Employer:		•	1	Work Performed
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	ADDITIONAL INCODMATION				
		41.7			

PERSO	NAL REFERENCES				
Name		Address/Telephone Number(s)			
LEGISLATIVE	EMPLOYMENT HISTORY	7			
Year	Position	Supervisor			
New Mexico					
Other					
This information is not con	fidential, except as otherwise provide	ed by law			
I understand that employment with the New Mexico Legislati	ve Council Service can be terminated	at any time.			
I understand that consideration for employment is continger New Mexico Legislative Council Service to investigate the former employers, other listed references, or any other person	truthfulness of all statements made				
I understand that I may be required to verify education and em	ployment history.				
I further authorize all contacted persons and former employer suitability for employment, and I release each person and form					
I certify that the information contained in this application is commissions in any detail is grounds for disqualification from co					
Unsigned applications will not be considered.					
Initials of Applicant					
Signature of Applicant		Date			
The Endaval Immigration Deform and Control Act versions in	dividuals to provide to an empleyer	documented proof that they are authorized			
The Federal Immigration Reform and Control Act requires in to work in the United States. This proof must be provided business days after date of hire.					