Application for Employment New Mexico Judicial Branch

For Proper Processing:

- Applications will only be accepted for advertised vacancies.
- A separate application must be submitted for each vacancy.
- The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.
- Use exact New Mexico Judicial Branch job title from the position announcement.

<u>Instructions for Completing this Application:</u> Use this application to demonstrate how your education, training and experience are relevant to the requirements of the job for which you are applying. If you require special accommodations to complete the application or in any testing process, please notify the agency to which you are applying of your requirement. For additional information call 505-885-4740

- 1. Type or print legibly in black or blue ink.
- 2. Give complete employment information on application. Use supplemental sheets if necessary.
- 3. Dates of employment must show <u>both</u> the month and year.
- 4. Any diplomas certificates and/or licenses required for the position must be attached to the application.
- 5. Sign and Date the Application, Keep a Copy for Yourself
- 6. Return completed application to the agency to which you are applying or to the Administrative Office of the Courts (Human Resources Division) as specified in the position announcement.

Position Applied fo	r:	Agency/Cour	rt/District:	
LAST NAME		FIRST	MIDDLE	TELEPHONE Home: Work: Message:
ADDRESS	STREET	CITY	STATE	ZIP CODE
ARE YOU APPLYING FO	/2 Time 3/4 Time	If part-time, list days and hours a	ıvailable	DATE AVAILABLE FOR WORK
	ID DRIVER'S LICENSE? □	-		
Driver's License #:		State:	_ Expiration Date: _	
ARE YOU LEGALLY AU	THORIZED TO WORK IN T	ACTORY PROOF OF IDENTITY AND L		
HAVE YOU HAD PRIOR	NEW MEXICO JUDICIAL B	RANCH EMPLOYMENT? YE	S NO	
IF YES: (Date(s) employed	d):	(Where):	(Title):	:
(Date(s) employed):		(Where):	(Title):	
LIST NAMES OF RELATI	VES EMPLOYED BY THE .	JUDICIAL BRANCH AND THEIR	RELATIONSHIP TO	YOU.
		OR LARCENY? YES No From employment. Each case is con		

T 1 1 1 1 1 1 1 1

EDUCATION AND TRAINING*

LEVEL	NAME AND LOG	CATION	GRADUATE		
HIGH SCHOOL/			YES	IF NO, INDICATE H COMPLI	
G.E.D. EQUIVALENCY			NO		
COLLEGE/			YES	MAJOR	DEGREE
UNIVERSITY			NO		
OTHER SCHOOL(S) OR TRAINING				FIELD OF STUDY:	
* A copy of rele	evant Transcripts, Degrees or	Diplomas <u>must</u> be a	ttached.		
LIST ALL SPECIAL	JOB SKILLS OR QUALIFICATION Y	OU CONSIDER RELEV.	ANT TO THE POSITION	FOR WHICH YOU ARE A	APPLYING.
RELEVANT VOI TO THE APPLIC	IBE YOUR EMPLOYMENT EX UNTEER WORK. IF YOU NEEL	O ADDITIONAL SPAC	NG WITH YOUR M CE, CONTINUE ON A	OST RECENT POSITI	
1	ME OF EMPLOYER	ADDRESS (CITY, STA	ATE)		
SUPERVISOR'S NA	AME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?	
				☐ YES ☐ NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	PRESENT/FINAL SALARY
□FUL	CHECK ONE: L TIME PART TIME	NUMBER OF EMPL	OYEES SUPERVISED:		
	BILITIES, DUTIES AND EXPERIENC	CE:			
REASON FOR SE	PARATION:				

NAME OF EMPLOYER	ADDRESS (CITY, STA	ATE)			
2					
CHDEDVICODIC NAME	GUDEDA/IGODAG TELE	DIJONE NI IMPED	MAN WE CONTACT T	ELIIG EMBLOVEDO	
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS EMPLOYER?		
			☐ YES ☐ NO		
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY	
GVEGV OVE	NAMED OF FIME	AVEEG GUDEDANGED			
CHECK ONE: ☐ FULL TIME ☐ PART TIME	NUMBER OF EMPLOYEES SUPERVISED:				
HOURS PER WEEK: MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE	l E:				
DE A CON EOD CEDA DA TION.					
REASON FOR SEPARATION:					
NAME OF EMPLOYER	ADDRESS (CITY, STA	TE)			
	ADDRESS (CITY, STA	TE)			
3			MAY WE CONTACT T	THIS EMDI ((VED?)	
	ADDRESS (CITY, STA		MAY WE CONTACT T		
3			MAY WE CONTACT T	THIS EMPLOYER?	
3	SUPERVISOR'S TELE			□NO	
SUPERVISOR'S NAME	SUPERVISOR'S TELE	PHONE NUMBER	YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE	SUPERVISOR'S TELE FROM: MO./YR.	PHONE NUMBER TO: MO./YR.	YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE:	SUPERVISOR'S TELE FROM: MO./YR.	PHONE NUMBER	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME	SUPERVISOR'S TELE FROM: MO./YR.	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	☐ YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	YES	□NO	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPLO	PHONE NUMBER TO: MO./YR.	YES	□NO	

REFERENCES

LIST THREE (3) PEOPLE WHO ARE NOT PREVIOUS EMPLOYERS AND WHO ARE FAMILIAR WITH YOUR WORK.

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

- The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date.
- ♦ I authorize a background investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.

*	I understand that once my application is submitted it become	omes a matter of public record.	
	Applicant's Signature	Date	

THE NEW MEXICO JUDICIAL BRANCH IS AN EQUAL OPPORTUNITY EMPLOYER

NAME OF EMPLOYER	ADDRESS (CITY, STA	ATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELE	EPHONE NUMBER	MAY WE CONTACT T	THIS EMPLOYER?	
			☐ YES ☐ NO		
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY	
CHECK ONE:	NUMBER OF EMPL	OYEES SUPERVISED:			
☐ FULL TIME ☐ PART TIME					
HOURS PER WEEK: MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE	L CE:				
REASON FOR SEPARATION:					
NAME OF EMPLOYER	ADDRESS (CITY, STA	ATE)			
NAME OF EMPLOYER	ADDRESS (CITY, STA	ATE)			
NAME OF EMPLOYER SUPERVISOR'S NAME	ADDRESS (CITY, STA		MAY WE CONTACT T	THIS EMPLOYER?	
			MAY WE CONTACT T		
SUPERVISOR'S NAME	SUPERVISOR'S TELE	EPHONE NUMBER	☐ YES	□no	
				_	
SUPERVISOR'S NAME YOUR JOB TITLE	SUPERVISOR'S TELE FROM: MO./YR.	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME	SUPERVISOR'S TELE FROM: MO./YR.	EPHONE NUMBER	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	
SUPERVISOR'S NAME YOUR JOB TITLE CHECK ONE: FULL TIME PART TIME HOURS PER WEEK:	SUPERVISOR'S TELE FROM: MO./YR. NUMBER OF EMPL	TO: MO./YR.	☐ YES	□no	