

STATE OF NEW MEXICO
LEMUEL L. MARTINEZ
THIRTEENTH JUDICIAL DISTRICT ATTORNEY
711 CAMINO DEL PUEBLO SUR
P.O. BOX 1750
BERNALILLO, NM 87004

APPLICATION FOR EMPLOYMENT

Please answer all questions and provide all information requested as set forth below. If you require additional space on any item please use the comment section provided below. (Please Print)

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you eligible for employment in this country?.....Yes No \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?.....Yes No \_\_\_\_\_

Have you ever been employed by this office before? If yes, give dates and positions.....Yes No \_\_\_\_\_

Date available for work \_\_\_\_\_ What is your desired salary range?..... \$ \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Educational Co-op \_\_\_\_\_

Are you able to meet the attendance requirements of this position?.....Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for, pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Misdemeanor \_\_\_\_\_ DWI \_\_\_\_\_

If yes, please provide date(s) and details. \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

EMPLOYMENT HISTORY (If your answers need additional space, please use the comment section below)

Provide the following information of your most recent three (3) employments, starting with the most recent.

From // TO // EMPLOYER \_\_\_\_\_ Phone \_\_\_\_\_

Starting Job Title/Final Job Title \_\_\_\_\_ Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Summarize the Nature of Work Performed and Job Responsibilities \_\_\_\_\_

May We Contact for Reference? \_\_\_\_\_

Yes No \_\_\_\_\_ Later

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Start \$ \_\_\_\_\_ Per \_\_\_\_\_ Final \$ \_\_\_\_\_ Per \_\_\_\_\_

From // TO // EMPLOYER \_\_\_\_\_ Phone \_\_\_\_\_

Starting Job Title/Final Job Title \_\_\_\_\_ Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Summarize the Nature of Work Performed and Job Responsibilities \_\_\_\_\_

May We Contact for Reference? \_\_\_\_\_



**REFERENCES**

Name	Address	Telephone	Number of Years known

**APPLICATION STATEMENT**

I certify that all information I have provided herein is given in order to apply for and secure work with the employer and that it is true, complete and correct. I understand that the employer will rely upon that information in evaluating my qualifications for employment.

Furthermore, I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (c) cancel further consideration of this application, or (cc) immediately discharge me from the employer's service whenever discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and that no question on this application form is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only six months. At the conclusion of that time, and if I still wish to be considered for employment, it will be necessary for me to reapply and complete a new application form.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the District Attorney or designee.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.**

I certify that I have read and that I, fully understand and accept all terms and conditions of the foregoing Application Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE FROM LIABILITY

I \_\_\_\_\_, understand that successfully passing a background investigation is a required condition for consideration for employment with the District Attorney's Office, Thirteenth Judicial District, State of New Mexico. This background investigation may consist of a criminal history and driving record check, interviews of neighbors, friends, business and social associates, employers, teachers and coaches, and review of military records. Any information acquired by the District Attorney's Office as a result of this Investigation will be kept confidential pursuant to the Inspection of public Records Act.

I \_\_\_\_\_, hereby authorize the District Attorney's Office to conduct my background investigation. As an integral part of this authorization, I hereby unconditionally release the District Attorney's Office, its employees and agents, for any and all liability for any damages, direct and/or indirect, incurred by me as a result of this background investigation.

DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_, applicant.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_