



NEW MEXICO JUDICIAL BRANCH

APPLICATION FOR EMPLOYMENT

APPLICANT INSTRUCTIONS

The New Mexico Judicial Branch is committed to a culture of accessibility and supports providing accommodations for applicants and employees with disabilities. If you need reasonable accommodation to complete this application, for any part of the hiring process or at any other time during your employment, call (505) 470-7205, or email: aochrd@nmcourts.gov.

- Application form must be typed or printed legibly using black or blue ink.
- An application will be accepted only for a current advertised vacancy and must be submitted for each advertised vacancy applied for and in order to be considered, must be received by the closing date and time posted in the advertisement.
- An application must include complete employment information on application. Attach additional sheets if necessary.
- Dates of employment must show both the month and year.
- Proof of education, such as, diplomas, certificates, licenses, registrations, and/or information required in the job posting must be attached.
- Please use the exact New Mexico Judicial Branch job title from the job posting.
- Review your application, ensure they are legible, requested documents attached, and sign and date the application.
- Remember to retain a copy for yourself.
- Return the completed application to the Judicial Entity to which you are applying and as specified in the job posting.
- Use this application to demonstrate how your education, training, and experience are relevant to the requirements of the job for which you are applying.

Position Applied For:	Judicial Entity Location:	Closing Date:
Applying for: _____ Full Time _____ 3/4 Time _____ 1/2 Time _____ Split Shift (day/evening) _____ Graveyard _____ Weekends/Holidays _____ Temporary/Seasonal If part-time, list days and hours available: _____		DATE AVAILABLE FOR WORK _____ _____

PERSONAL DATA

LAST NAME	FIRST	MIDDLE		
CONTACT INFORMATION	Cell Phone	Work Phone	Home Phone	E-Mail Address:
MAILING ADDRESS		CITY	STATE	ZIP CODE
DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Driver's License #: _____ State: _____ Expiration Date: _____				



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OFFER OF EMPLOYMENT IS CONTINGENT UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE USA.

Have you had prior NM Judicial Branch employment? YES NO

If so, please list dates court/location, and positions held below.

Do you have a domestic partner, spouse, family member(s) and/or household member(s) who are employed by the NMJudicial Branch? YES NO If so, please list their names and relationship(s) to you. _____

Have you carefully read the job requirements of the position for which you are applying?

YES NO

Can you perform all of the essential functions of the job for which you are applying, with or without reasonable accommodation?

YES NO

EDUCATION AND TRAINING*

HIGH SCHOOL/ G.E.D. EQUIVALENCY	Completed? ____ YES ____ NO	IF NO, INDICATE HIGHEST GRADE COMPLETED	
COLLEGE/ UNIVERSITY	Completed? ____ YES ____ NO	MAJOR	DEGREE
OTHER SCHOOL(S) OR TRAINING	FIELD OF STUDY:		

* A copy of relevant transcripts, degrees or diplomas **must** be attached.

LIST ALL SPECIAL JOB SKILLS OR QUALIFICATIONS YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:



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EMPLOYMENT HISTORY

PLEASE DESCRIBE YOUR EMPLOYMENT EXPERIENCE STARTING WITH YOUR MOST RECENT POSITION. INCLUDE ANY RELEVANT VOLUNTEER WORK. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SUPPLEMENTAL SHEET AND ATTACH IT TO THE APPLICATION.

1	NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS SUPERVISOR & EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	PRESENT/FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		NUMBER OF EMPLOYEES DIRECTLY SUPERVISED:			
HOURS PER WEEK:					
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:					
<u>REASON FOR SEPARATION:</u>					



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<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">2</div> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER	MAY WE CONTACT THIS SUPERVISOR & EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK:	NUMBER OF EMPLOYEES DIRECTLY SUPERVISED:			
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				
<u>REASON FOR SEPARATION:</u>				

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">3</div> NAME OF EMPLOYER	ADDRESS (CITY, STATE)			
SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER	MAY WE CONTACT THIS SUPERVISOR & EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR JOB TITLE	FROM: MO./YR.	TO: MO./YR.	STARTING SALARY	FINAL SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK:	NUMBER OF EMPLOYEES DIRECTLY SUPERVISED:			
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				
<u>REASON FOR SEPARATION:</u>				



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ADDITIONAL PROFESSIONAL REFERENCES

LIST THREE (3) PEOPLE WHO ARE NOT PREVIOUS SUPERVISORS WHO ARE FAMILIAR WITH YOUR WORK. These individuals may be contacted in addition to the listed supervisors who were marked "yes" to contact.

NAME	EMAIL ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

PLEASE READ CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW

1. I certify that all statements, information and documents provided by me in connection with my application are true, complete and correct to the best of my knowledge and are submitted in good faith.
2. I understand any false statements; omissions or misrepresentations contained in this application or provided in the interview process may disqualify me for employment consideration or may be cause for termination if hired.
3. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other pertinent information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and I release all such parties from all liability for any damages which may result from furnishing such information to you.
4. I hereby authorize the courts to conduct a thorough background check including but not limited to references, employment records, credit checks, criminal convictions, and record. I understand that such background checks will be made only upon final selection for hire and that all information will be kept confidential and released only to authorized individuals.
5. I understand that once my application is submitted it becomes a matter of public record.
6. I understand that disclosure of my social security number (SSN) is optional. The agency to which I am applying may use my SSN for administrative tracking purposes and for identification.
7. I understand that the use of illegal drugs is prohibited during employment. If the Judicial policy requires, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol and/or illegal drugs during employment.

<p align="center">Applicant's Signature</p> <p>Please print and sign. If signing electronically, including typing your name into this section, you agree that your signature is the legal equivalent of your manual signature on this agreement.</p> <p align="center">_____</p>	<p align="center">Date</p>
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THE NEW MEXICO JUDICIAL BRANCH IS AN EQUAL OPPORTUNITY EMPLOYER.

The New Mexico Judicial Branch is committed to a work environment that supports, inspires, and respects all individuals and applicants for all positions are considered without regard for race, color, religion, sex, sexual orientation, gender identity, marital status, age, disability, national or ethnic origin, military service status, citizenship, or other protected characteristic.



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Employment History – Additional Sheet(s)

<input type="checkbox"/> NAME OF EMPLOYER		ADDRESS (CITY, STATE)		
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS SUPERVISOR & EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK:		NUMBER OF EMPLOYEES DIRECTLY SUPERVISED:		
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				
<u>REASON FOR SEPARATION:</u>				

<input type="checkbox"/> NAME OF EMPLOYER		ADDRESS (CITY, STATE)		
SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER		MAY WE CONTACT THIS SUPERVISOR & EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR JOB TITLE		FROM: MO./YR.	TO: MO./YR.	STARTING SALARY
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK:		NUMBER OF EMPLOYEES DIRECTLY SUPERVISED:		
MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:				
<u>REASON FOR SEPARATION:</u>				