



NEW MEXICO DEPARTMENT OF AGRICULTURE
 GENERAL SERVICES (MSC 3GSD)
 PO BOX 30005
 LAS CRUCES NM 88003-8005
 (505) 646-7523 / FAX (505) 646-8120



**APPLICATION FOR EMPLOYMENT
 PROFESSIONAL POSITIONS**

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Position Desired			Social Security No.

•NOTICE: To be considered for the position, you must comply with all requirements stated in the position announcement.

EMPLOYMENT HISTORY: Start with your present or last position and work back. If you were ever employed in any position under a different name, give the name used. Include Military Services if appropriate.

Name of firm or organization	From	To	Monthly Salary
	MO/YR	MO/YR	Starting\$
Street address			Final \$
City, state, zip	Phone	Title	Job Duties
Name & title of immediate supervisor			
Reason for leaving			

Name of firm or organization	From	To	Monthly Salary
	MO/YR	MO/YR	Starting\$
Street address			Final \$
City, state, zip	Phone	Title	Job Duties
Name & title of immediate supervisor			
Reason for leaving			

Name of firm or organization	From	To	Monthly Salary
	MO/YR	MO/YR	Starting\$
Street address			Final \$
City, state, zip	Phone	Title	Job Duties
Name & title of immediate supervisor			
Reason for leaving			

Complete work experience on separate sheet.
 The Department reserves the right to contact present and past employers.
 (over)

EDUCATION: College or University

Name and Location	Dates Attended		Degree Awarded	
	From	To	Title	Date

College Major | College Minor

Other schools or training	Dates Attended		Degree or Certificate	
	From	To	Title	Date

PERSONAL REFERENCES: List three persons who are NOT related to you, and who can furnish information about you. Do not repeat names of supervisors furnished in your employment record.

Full Name	Business or Home Address, Zip	Telephone Number
1. 		
2. 		
3. 		

ADDITIONAL INFORMATION: Skills or Qualifications

CANDIDATE RELEASE

In order that officials of New Mexico State University may be fully informed as to my professional character, experiences, credentials, and qualifications in consideration of my application for the position referenced above, I hereby authorize the release of such information. I do also hereby release officials, officers, agents, and employees of New Mexico State University, former employers, coworkers, and any other persons having information concerning my employment, educational history, credentials, and relevant qualifications from any and all liabilities. I understand that NMSU has no obligation to extend further consideration to my application package if I do not sign this release. (Exceptions may be considered upon request.)

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

Signature

Date

• **NOTICE:** Offer of employment contingent upon verification of your eligibility for employment in the United States.