

Name: _____ Email: _____

DISTRICT ATTORNEY APPLICATION

Application for vacancy in the _____
APPLICATION

PERSONAL

1. Full Name				
2. County of Residence				
3. Birthplace				
4. If born outside the US, give the basis for your citizenship				
5. Birth Date				
6. Marital Status				
7. If married, list spouse's full name				
8. Spouse's occupation				
9. Do you have any other familial relationships that might present conflicts if you were to be appointed as a district attorney? If so, please explain these relationships and how you would address any conflicts.				
Answer 9:				
10. List all places of residence, city and state, and approximate dates for the last 10 years				
Date(s) of Residence	Street Address	City	State	Zip

EDUCATION

11. List schools attended with dates and degrees (including all post-graduate work)	
High School(s)	
College(s)	

EMPLOYMENT

12. List Your Present Employment	
Date(s) of Employment	
Employer	
Mailing Address	
Business Phone	
Position	
Duties	
Supervisor	

13. List Your Previous Employment (beginning with most recent)	
Dates of Employment	
Employer	
Mailing Address	
Business Phone	
Business FAX	
Employer's Email Address	
Position	

Note: No. 13 is a separate table which enables you to copy and paste it as many times as necessary to list all previous employers.

EXPERIENCE

14. What experience do you have in criminal law?
Answer 14:
15. What experience do you have in civil law?
Answer 15:

PUBLIC OFFICES/PROFESSIONAL & CIVIC ORGANIZATIONS

18. Public Offices Held and Dates	
Public Office	Dates

19. Activities in professional organizations, including offices, held, for last 10 years		
Professional Organization	Position Held	Dates

20. Activities in civic organizations, including offices, held, for last 10 years		
Civic Organization	Position Held	Dates

21. Avocational interests and hobbies
Answer 21:

22. Have you been addicted to the use of any substance that would affect your ability to perform the essential duties of a district attorney? If so, please state the substance and what treatment received, if any.
Answer 22:

23. Do you have any mental or physical impairment that would affect your ability to perform the essential duties of a district attorney? If so, please specify
Answer 23:

24. To your knowledge, have you ever been disciplined for violation of any rules of professional conduct? In particular, have you ever received any discipline, formal or informal, including an "Informal Admonition." If so, when, and please explain.
Answer 24:

25. Have you ever been convicted of any misdemeanor or felony other than a minor traffic offense?
Answer 25:

26. Have you ever had a DWI or any criminal charge, other than a minor traffic offense, filed against you? If so, when? What was the outcome?
Answer 26:

27. Have you ever been a named party in any lawsuit in either your personal or professional capacity? If so, please explain the nature of the lawsuit(s) and the result(s).
Answer 27:

28. To your knowledge, is there any circumstance in your professional or personal life that creates a substantial question as to your qualifications to serve in the district attorney position involved or which might interfere with your ability to so serve?
Answer 28:

29. Have you filed all federal, state and city tax returns that are now due or overdue, and are all tax payments up to date? If no, please explain.
Answer 29:
30. Have you or any entity in which you have or had an interest ever filed a petition in bankruptcy, or has a petition in bankruptcy been filed against you? If so, please explain.
Answer 30:
31. Are you presently an officer, director, partner, majority shareholder or holder of a substantial interest in any corporation, partnership or other business entity? If so, please list the entity and your relationship:
Answer 31:
32. Do you foresee any conflicts that might arise regularly? If so, please explain how you would address these conflicts.
Answer 32:
33. Please explain your reasons for applying for this position and what factors you believe indicate that you are well suited for it.
Answer 33:
34. Does submission of this application express your willingness to accept appointment if your name is chosen by the Governor?
Answer 34:

Items to be Submitted in Separate Document(s)

1. Please have **at least three, but not more than five**, letters of recommendation submitted directly to **the Office of the Governor c/o Donicia Herrera at donicia.herrera@exec.nm.gov.**
2. Please attach a list of no more than four (4) references.
3. Please enclose **one** (1) writing sample. If you had assistance, indicate the extent of such assistance. Please submit no more than twenty (20) pages.
4. If you have, currently or in the past, suffered from any mental, physical or other condition that would affect your ability to perform the essential duties of a district attorney, and which has not been disclosed above, please describe the nature of such condition and your treatment and explain how it would affect your service. You may answer this request, as well as previous questions, by submission of a separate confidential letter. If you wish the letter to remain confidential, please mark "CONFIDENTIAL" at the top of the first page of the letter. The information will be made available to each commissioner and otherwise hold the information confidential to the extent allowed by law.
5. Please attach a copy of your resume.

AFFIRMATION

The undersigned hereby affirms that he/she is the person whose signature appears herein on this application for district attorney appointment; that he/she has read the same and is aware of the content thereof; that the information that the undersigned has provided herein is full and correct according to the best knowledge and belief of the undersigned; that he/she has conducted due diligence to investigate fully each fact stated above; that he/she executed the same freely and voluntarily; that he/she affirms the truth of all statements contained in this application under penalty of perjury; and that he/she understands that a false answer may warrant a referral to the appropriate authorities.

/s/: _____ Date: _____

Waiver of confidentiality -- Professional

The undersigned applicant hereby waives, until the district attorney position applied for is filled, the benefits of any statute, rule or regulation prescribing confidentiality of records of any administrative or disciplinary committee including but not limited to the Disciplinary Board of the Supreme Court, the Board of Bar Examiners, the Judicial Standards Commission and the Judicial Performance Evaluation Commission; and does authorize any of the above to furnish any such information, including documents, records, bar association files regarding charges or complaints filed against the undersigned, formal or informal, pending or closed, or any other pertinent data, and to permit the inspection of such documents, records, and other information.

AFFIRMATION

The undersigned hereby affirms that he/she is the person whose signature appears herein above on the instrument entitled, "Waiver of Confidentiality -- Professional"; that he/she has read the same and is aware of the content thereof; that the same is true and correct according to the best knowledge and belief of the undersigned; that he/she executed the same freely and voluntarily; and that he/she affirms the truth of all these statements under penalty of perjury.

/s/: _____ Date: _____

The completed and signed application, with attachments, including those sent by mail, must be received by the 5:00 PM deadline. Accordingly, applicants are strongly encouraged to submit applications by email (donicia.herrera@exec.nm.gov). Please keep a copy for your records.

Office of the Governor
c/o Donicia Herrera
490 Old Santa Fe Trail, Ste. 400
Santa Fe, NM 87501

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, _____, hereby grant permission to the New Mexico Department of Public Safety to conduct a review, full disclosure and release of any and all information authorized pursuant to federal and state law. The purpose for obtaining and examining the information is to construct a record of my personal and professional history to ensure I meet the requirements of the position and duties I have been appointed or will be appointed to perform. I understand the investigation will be conducted by the Department of Public Safety and the results of the investigation will only be supplied to the Office of the Governor.

I hereby grant the Department of Public Safety permission to obtain any information in my background pertaining to any credit (to include obtaining a copy of my credit report), education, investigation, arrest and/or conviction of myself in any criminal or civil matter. I also authorize an employee of the Office of the Governor, as my authorized representative, to obtain from the State Taxation and Revenue Department any tax information that is in any way related to me. I hereby direct you to release such information upon the request of this bearer. I hereby release you as custodian of such records for any criminal justice, law enforcement or court agency, including its officers and employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to the Department of Public Safety or the State of New Mexico because of compliance with this authorization and request to release information; or any attempt to comply with it.

1. The information reviewed, disclosed and/or released may be used by the New Mexico Department of Public Safety or the Office of the Governor for any lawful purpose and/or to determine the Nominee's or appointee's suitability for gubernatorial appointment to a state position, including to any board, commission or authority or judicial position.
2. I hereby release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the New Mexico Department of Public Safety, its agents, and/or employees from any liability which may be incurred as a result of the collection and use of information.
3. Judicial appointees as well as any other appointee who may be eligible may be required to undergo a fingerprint supported background check, as directed by the Office of the Governor.
4. I understand I may revoke this authorization in writing at any time.
5. This authorization will automatically expire in 60 days from the date it is signed.

DATE: _____

SIGNATURE: _____

Scribed and sworn to me on this _____ day of

_____, 20____, _____ County, New Mexico

Signed _____ Notary Public

My Commission expires: _____

PLEASE PRINT CLEARLY!

Full Name _____

Social Security # _____

Date of Birth _____

*** PLEASE INCLUDE A PHOTO COPY OF THE INDIVIDUALS PHOTO ID.**