

**CONTINUATION OF LAW ENFORCEMENT SERVICE
EMPLOYMENT HISTORY**

Print Applicant's Name

Applicant's Address

City State Zip

Contact Phone Number Contact email

- 1. Please print or type all employment since leaving New Mexico State, County, Or Local agency.*
- 2. Use additional sheets if necessary.*

Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

Beginning Employment Date:	<input style="width: 100%;" type="text"/> <small>Month</small>	<input style="width: 100%;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 100%;" type="text"/> <small>Month</small>	<input style="width: 100%;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input style="width: 100%;" type="text"/> <small>Month</small>	<input style="width: 100%;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 100%;" type="text"/> <small>Month</small>	<input style="width: 100%;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
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