CONTINUATION OF LAW ENFORCEMENT SERVICE EMPLOYMENT HISTORY

Applicant's Address						
City Contact Phone Number		State		Zip		
			Contact email			
 Please print or type all employed. Use additional sheets if necessity 		ice led	aving New Mexic	co State, County	, Or Local	
Beginning Employment Date:		Ending Employment Date:				
	Month	Year	1		Montl	Year
Name of Employer:Address: Duties:						
Beginning Employment Date:			Ending Employ	ment Date:		
	Month	Year			Mont	h Year
Name of Employer:						
Mailing Address:						
Duties:						
Beginning Employment Date:	Month	Year	Ending Employ	ment Date:	Mont	h Year
Name of Employer:						
Mailing Address:						
Duties:						

Print Applicant's Name

New Mexico Department of Public Safety Training Center 4491 Cerrillos Road, Santa Fe, New Mexico 87507 (505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— http://nmlea.dps.state.nm.us/

Beginning Employment Date:			Ending Employment Date:		
	Month	Year	_	Month	Year
Name of Employer:					
Address:					
Address:					
Duties:					
Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
Name of Employer					
Name of Employer:					
Mailing Address:					
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Duties:					
Beginning Employment Date:			Ending Employment Date:		
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Name of Employer:					
Mailing Address.					
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Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
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Name of Employer:					
Address:					
Duties:					

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