



CONFIDENTIAL CANDIDATE QUESTIONNAIRE



PERSONAL INFORMATION

1. Contact Information:

Full name:

Email Address:

Phone Number:

County of residence:

Board, commission, council:

2. Describe why you are interested in this appointment.

3. List any special skills you feel would make you an exceptional candidate for this appointment along with your relevant qualifications, education, and experience.

LEGAL INFORMATION

4. Is there anything you would like to disclose or explain that may be detailed upon completion of the Department of Safety Background check? (This is *not necessarily* a disqualifying factor for this appointment.)

MISCELLANEOUS

5. Are there any other personal or legal matters you believe the New Mexico Department of Health should be made aware of that could be relevant to this appointment?

Additional Items to Be Submitted

1. Department of Public Safety Authorization form signed and notarized.
2. A clear copy of your driver's license or photo ID.
3. An updated resume
4. Articles you have written individually or with others that are *likely to be controversial*.
5. A list of all professional memberships you hold.

I hereby declare under the penalty of perjury the foregoing is true and correct to the best of my ability.

PRINT NAME:

SIGNATURE:

DATE

Keep a copy of this questionnaire for your records.
