



OFFICE OF HUMAN RESOURCES

PO Box 44197
 Baton Rouge, LA 70804
 Phone: (225) 342-2455
 Fax: (225) 342-0373

**Louisiana House of Representatives
 Application for Employment**

Date: _____

General Information

Name (Last)	(First)	(Middle)
Address (Mailing)	City	State, Zip
Email Address	Home Phone	Cell Phone

Position of Interest

Position or Type of Employment Desired						<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Attorney		Legislative Analyst		Committee Admin. Asst.		Library Tech./Librarian	
Intern		Law Clerk		Proofreader		Switchboard Operator	
Receptionist		Docket Clerk		Sergeant-at-Arms		Other:	

Have you worked with us before?	YES	NO	If yes, when/how long?
Previous Job Title	Reason for Leaving:		
Are you a retiree from State service?	YES	NO	Is yes, when and where did you retire?
Do you have any relatives who are members of the Legislature or employed by the House of Representatives?	YES	NO	If yes, please specify:
How were you referred to our Organization?			

Veteran Information

Branch of Service:	Date of Entry:	Discharge Date:
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Work Experience (Most Recent First)

Employer	Phone	From (Month/Year)
Address	Email	To (Month/Year)
Job Title	Number of Employees Supervised	Hours Per Week
Job Duties		Salary
		Supervisor
Reason for Leaving		May we contact them? YES NO
Employer	Phone	From (Month/Year)
Address	Email	To (Month/Year)
Job Title	Number of Employees Supervised	Hours Per Week
Job Duties		Salary
		Supervisor
Reason for Leaving		May we contact them? YES NO
Employer	Phone	From (Month/Year)
Address	Email	To (Month/Year)
Job Title	Number of Employees Supervised	Hours Per Week
Job Duties		Salary
		Supervisor
Reason for Leaving		May we contact them? YES NO
Employer	Phone	From (Month/Year)
Address	Email	To (Month/Year)
Job Title	Number of Employees Supervised	Hours Per Week
Job Duties		Salary
		Supervisor
Reason for Leaving		May we contact them? YES NO

Other special knowledge, skills, or qualifications that relates to the job for which you have applied

Education and Training

High School ~ Technical/Other

Name and Location	Dates Attended (Mo/Yr)	General Education or Field of Study	Degree, Diploma, License or Certificate (list type and date)

College ~ Graduate School (Transcript Required)

Name and Location	Freshman Sophomore Junior Senior	Dates Attended (Mo/Yr)	Major	Minor	Degree Received	Total Semester Hours

Law School (Transcript Required)

Name and Location	L1 L2 L3	Dates Attended (Mo/Yr)

License, Certification, Etc. - Examples: LA Bar, CPA, PHR, EMT, or POST Certification (Copies Required)

Date Obtained	License, Certification, Etc.

Business/Professional References

(Do Not Include Relatives)

Name	Address	Telephone #	Email	Professional Relationship

(Please circle yes or no)

Would you prefer that we check with you before contacting your references? Yes No

During Regular and Extraordinary sessions of the Legislature, it is necessary for staff to work a considerable amount of overtime. Are you willing to do so? Yes No

Are you willing to travel within the state for purposes of meeting with legislative committees? Yes No

Have you previously applied for employment with the House of Representatives? Yes No

If yes, when and for what position(s)

Date	Position	Department

Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason with or without cause, consistent with applicable State or Federal law. I understand that this application is not a contract of employment. I understand that Federal Law prohibits the employment of unauthorized persons; all applicants that are hired must submit satisfactory proof of employment authorization and identity.

I understand that if employed by this organization, I will agree to refrain from lobbying for or against any issues which might come before the legislature. I understand that failure to do so will result in dismissal or termination of my employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date