

**OFFICE OF HUMAN RESOURCES****Louisiana House of Representatives
Application for Full-Time Employment****General Information**

Date: _____

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

Position of Interest

Position or Type of Employment Desired – Check All That Apply							
Accountant	<input type="checkbox"/>	Admin. Assistant	<input type="checkbox"/>	Asst. Sgt. At Arms (POST)	<input type="checkbox"/>	Attorney	<input type="checkbox"/>
Budget Analyst	<input type="checkbox"/>	Caucus Administrator	<input type="checkbox"/>	Committee Admin. Asst.	<input type="checkbox"/>	Docket Clerk	<input type="checkbox"/>
HR Analyst	<input type="checkbox"/>	Information Associate	<input type="checkbox"/>	Legislative Analyst	<input type="checkbox"/>	Library Technician	<input type="checkbox"/>
Librarian	<input type="checkbox"/>	Proofreader	<input type="checkbox"/>	Switchboard Operator	<input type="checkbox"/>	Wordprocessor	<input type="checkbox"/>
Other	<input type="checkbox"/>	Position Name: _____					

Current Salary:	Date Available to Start:
Have you previously worked for the House of Representatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when and how long?
Previous Job Title:	Reason for Leaving:
Do you have any relatives who are members of the Legislature or employed by the House of Representatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
How were you referred to our Organization? <input type="checkbox"/> Job Advertisement <input type="checkbox"/> Social Media <input type="checkbox"/> School Referral <input type="checkbox"/> Current Employee <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other: _____	

Work Experience (Most Recent)

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have You Ever Been Discharged or Forced to Resign from Any Position? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are You Currently Employed by Any State Entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Please Explain.
Do You Currently Hold a Public Office or Position? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Describe the Nature of the Office or Position.

License and Certification - Examples: LA Bar, POST, etc. (License/Certification Required)

Are you a current active member of the Louisiana Bar? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide Bar No. _____
Are you currently scheduled to take the Louisiana Bar Exam? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the exam date. _____
Other current License/Certifications(s): _____

Education and Training

High School

Name and Location	Number of Years Completed	General Education or Field of Study	Diploma or Certificate (List Type & Date)

Business/Professional/Technical Training other than College (Certificate Required)

Name and Location	No. of Years	Total Credit Hours	Courses or Subjects Taken	Certification Received	If Yes, certification.
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

College or University (Transcript Required)

Name and Location	Level (Freshman, Sophomore, Junior, or Senior)	Dates Attended (Mo/Yr)	Major	Minor	Degree Received	If Yes, Specify Degree.
					YES <input type="checkbox"/> NO <input type="checkbox"/>	

Graduate School (Transcript Required)

Name and Location	Dates Attended (Mo/Yr)	Major	Degree Received	If Yes, Specify Degree.
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Law School – *If Applicable* (Transcript Required)

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

U.S. Military Service (*If Applicable*)

Branch of Service:	From:	To:
Rank and Type of Service:	Training/Experience Received:	

Other Information

	YES	NO
Staff must work considerable hours, which may include overtime and holidays, during the legislature's regular and extraordinary sessions. Are you willing to do so?		
Are you willing and able to travel within the state to meet with legislative committees?		

Business/Professional References (Do Not Include Relatives)

Name	Address	Telephone #	Email	Professional Relationship

Applicant's Statement

I authorize the House of Representatives or its designees to investigate all statements contained in this application. I also authorize and request any and all former employers (except as specified above) and any other persons, firm, or corporation to furnish any and all information requested by the House of Representatives or its designees concerning my job performance, suitability for employment, job qualifications, and personal background, and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. In addition, if I should be employed by the House of Representatives, I expressly authorize the House or Representatives to release information about my job performance, job qualification, and suitability for employment to any person who may request such information either during my employment or after my employment terminates, and I expressly release the House of Representatives from any liability for disclosing such information.

I understand that the employer follows an "employment at will" policy, in that I or the House of Representatives 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 any misrepresentation or omission of fact contained in this application is cause for my rejection or immediate dismissal if I should become employed. I also understand and agree that, if I should become employed, my employment with the House of Representatives is for no definite time period and may be terminated at any time. Finally, I understand that the completion of this employment application does not indicate that there are positions available and does not obligate the House of Representatives to offer me a position if positions are available.

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 accurate.

Name (Print)

Signature

Date

Return this completed form to: Office of Human Resources
Louisiana House of Representatives
PO Box 44197
Baton Rouge, LA 70804-4197
Fax: (225) 342-0373 or email: jarrellc@legis.la.gov