



OFFICE OF HUMAN RESOURCES

Louisiana House of Representatives
Application for Part-Time / Session Employment

General Information - All Applicants Must Be 16 to Apply

Date: _____

| | | |
|-------------------|------------|---------------|
| Name (Last) | (First) | (Middle) |
| Address (Mailing) | City | State, Zip |
| Email Address | Cell Phone | Last 4 of SSN |

Position of Interest

| | | | | | | | |
|--|--|----------------|--|--|--|---|--|
| Position or Type of Employment Desired | | | | | | <input type="checkbox"/> Session <input type="checkbox"/> Year Round | |
| Committee Clerk | | Law Clerk | | Messenger | | Proofreader | |
| Sergeant-at-Arms | | Student Intern | | Switchboard Operator | | Word Processor | |
| Other | | Position Name: | | | | | |
| Date Available to Start: | | | | Are you 16 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|--|------------------------------------|
| Have you previously worked for the House? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, when and in what position? |
| 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: _____ | |

Most Recent Work Experience

| | | |
|--------------------|--------------------------------|---|
| 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. |

Education and Training

High School ~ Technical/Other

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

College ~ Graduate School (Transcript Required)

| Name and Location | Level (Freshman, Sophomore, Junior, or Senior) | Dates Attended (Mo/Yr) | Major | Minor | Degree Received | If Yes, Specify the Degree Received. |
|-------------------|--|------------------------|-------|-------|---|--------------------------------------|
| | | | | | 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) |
|-------------------|-------------------|------------------------|
| | | |

License, Certification, Etc. – Examples: LA Bar, POST, etc. (Copies Required)

| School | Honor(s) |
|--------|----------|
| | |
| | |

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