



HOUSE OF REPRESENTATIVES

If mailing, print and return to: House of Representatives
Attn: Chief Clerk/Employment
P.O. Box 40600
Olympia, WA 98504-0600

Position Applied For:

Full Name (First, Middle Initial, Last)

Phone number

(H)

(W)

Address

City

State

Zip code

EMPLOYMENT HISTORY:

Resume Attached: Yes No

Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From To		Total Months	Avg. Hrs. Per Wk.
Immediate Supervisor's Name	Reason for Leaving		Volunteer Position?	Full Time Mos. Equiv.	Employment Verified
Specific Duties					

Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From To		Total Months	Avg. Hrs. Per Wk.
Immediate Supervisor's Name	Reason for Leaving		Volunteer Position?	Full Time Mos. Equiv.	Employment Verified
Specific Duties					

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Your Title		Months & Years Employed in this Position From To		Total Months	Avg. Hrs. Per Wk.
Immediate Supervisor's Name	Reason for Leaving		Volunteer Position?	Full Time Mos. Equiv.	Employment Verified
Specific Duties					

Are you related to any member or employee of the House of Representatives? Yes No Relationship _____

Prior to a new hire, a background check including a criminal record history may be conducted. Information from the background check will not necessarily preclude employment but will be considered in determining the applicant's suitability and competence to perform in the job.

*Current employees or those who have been employed as a Legislative/Administrative Assistant will be evaluated based on their work and salary history.
Office of the Chief Clerk (3/23)

HOUSE OF REPRESENTATIVES

Full Name (First, Middle Initial, Last)

Position Applied for

EMPLOYMENT HISTORY CONT.

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Immediate Supervisor's Name	Reason for Leaving			Volunteer Position?	Full Time Mos. Equiv.	Employment Verified
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Specific Duties						

EDUCATION

Are you a high school graduate or have you passed a general education development (GED) test? Yes No

If no, HIGHEST GRADE COMPLETED: _____

List post high school training, including college, business school, military training, and other relevant education.

(If more space is needed, copy this blank form or attach additional sheets.)

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year Degree Received	Education Verified
		Quarter	Semester	Other (Specify)				
1	From To							
2	From To							
3	From To							

SIGNATURE - All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or termination of employment.

X _____ Date: _____

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