

Position Applied For:

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

Full Name (First, Middle Initial, Las	Phone nu	mber					
			(H)				
Address			(W)				
City		State		Zip code			
		outo		210 0000	,		
E MPLOYMENT H ISTO	DV						
		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	Full Time	Employment		
Specific Duties			Position?	Mos. Equiv.	Verified		
Previous Employer		Employer's Address Employer's Phone Number					
Your Title		Months & Years Employed in this Position	Total	Avg. Hrs.			
Immediate Supervisor's Name	Reason for Leaving	From To	Months Volunteer	Per Wk. Full Time Employment			
			Position?	Mos. Equiv.	Verified		
Specific Duties							
Previous Employer		Employer's Address		Employer's Phone Number			
			Tatal				
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	•						
SIGNATURE - All answers and statemer for rejection of my application or termir		mplete to the best of my knowledge. I understand	I that untruthful or	misleading answe	rs are cause		
X Date:							

HOUSE OF REPRESENTATIVES

Full Name (First, Middle Initial, Last)

Position Applied for

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EMPLOYMENT HISTORY CONT.											
Previous Employer		Employer's Address					Employer's Phone Number				
Your Title						Total Months	Avg. Hrs. Per Wk.				
Immediate Supervisor's Name	Reason for Leaving				Volunteer Position?	Full Time Mos. Equiv		loyment fied			
Specific Duties											
Previous Employer		Employer's Address				Employer's Phone Number					
Your Title		Months & Years Employed in this Position				Total	Avg. Hrs.				
Immediate Supervisor's Name	Reason for Leaving	From To				Months Volunteer	Per Wk. Full Time Employment				
Specific Duties						Position?	Mos. Equiv	. Veri	fied		
Previous Employer	Employer's Address					Employer's Phone Number					
Your Title						Total Months	Avg. Hrs. Per Wk.				
Immediate Supervisor's Name	Reason for Leaving	ason for Leaving				Volunteer Position?	Full Time Employment Mos. Equiv. Verified				
Specific Duties											
EDUCATION											
Are you a high school graduate or hav	ve you passed a ge	eneral educatio	on developm	ent (GED) tes	st? Yes	No					
If no, HIGHEST GRADE COMPLETED:_ List post high school training, includir	na college, busines	ss school, milit	arv training.	and other re	_ levant edu	cation.					
(If more space is needed, copy this blan		ditional sheets.)									
School Name and Location	Month and Year Attended	- Cr Quarter	redits Earned Semester	Other	- N	lajor	Type of Degree Awarded	Year Degree Received	Education Verified		
1	From			(Specify)			Awarueu	Received			
	То										
2	From To										
3	From										
	То										
Are you related to any member or emp	hovee of the House	e of Represent	atives? Ye	es N	lo	Relationship					
Have you been convicted of a gross m (If yes, give date, place and explanatio	isdemeanor or felo	ony within the p	past seven (7		Yes	No					
(A conviction record will not necessari		t.)									

* Current employees or those who have been employed as a Legislative/Administrative Assistant will be evaluated based on their work and salary history.