



HOUSE OF REPRESENTATIVES

Please fill out 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					

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					

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:

*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 (8/13)

