



WASHINGTON STATE

**HOUSE OF REPRESENTATIVES / SESSION EMPLOYMENT***Please Complete Both Sides of This Application*

Date

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					
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<input type="text"/>					
<input type="text"/>					

## References

1. \_\_\_\_\_  
(name) (address) (telephone)
2. \_\_\_\_\_  
(name) (address) (telephone)
3. \_\_\_\_\_  
(name) (address) (telephone)

Previous legislative sessions worked: House \_\_\_\_\_ Senate \_\_\_\_\_

Job(s) held: \_\_\_\_\_  
\_\_\_\_\_**LEGISLATIVE POSITION APPLIED FOR:***(Mark one or more categories. Indicate order of preference by numbering.)***Security:**

Experience in law enforcement, emergency response or military preferred.

Other \_\_\_\_\_

In signing this application, I give the House permission to conduct a full and complete review of my background including employment, driving and criminal records.

Office of the Chief Clerk – House of Representatives, Legislative Building  
Olympia, Washington 98504-0600

Session employees may be required to work some evenings and weekends. No overtime is paid.

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.

## HOUSE OF REPRESENTATIVES

Full Name (First, Middle initial, Last)

Social Security # (required)

Position Applied for

## EMPLOYMENT HISTORY CONT.

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					

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					

## FOREIGN LANGUAGE

1. Speak fluently: \_\_\_\_\_
2. Speak and write fluently: \_\_\_\_\_
3. Translator: \_\_\_\_\_
4. Interpreter: \_\_\_\_\_

## 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 or Degree Awarded	Year Degree Received	Education Verified
		Quarter	Semester	Other (Specify)				
1	From To							
2	From To							
3	From To							

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

Have you been convicted of a gross misdemeanor or felony within the past seven (7) years? Yes No

(If yes, give date, place, and explanation \_\_\_\_\_)

(A conviction record will not necessarily bar employment.)

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