



## Session Employment Application

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
(last) (first) (initial)

Permanent address: \_\_\_\_\_  
PO Box/Street City State Zip

For messages contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Please list all previous legislative sessions worked:

Senate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

House: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Jobs held: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Most recent non-legislative employment. (Attach resumé with additional information, if applicable.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Skills: (e.g., computer, if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### References:

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

### LEGISLATIVE POSITION APPLIED FOR:

(Mark one or more categories. Indicate order of preferences by numbering.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Assistant Sergeant at Arms/Security Officer | <input type="checkbox"/> Committee Clerk     | <input type="checkbox"/> Information Officer |
| <input type="checkbox"/> Attorney                                    | <input type="checkbox"/> Legislative Aide    | <input type="checkbox"/> Research Analyst    |
| <input type="checkbox"/> Legislative Information Specialist          | <input type="checkbox"/> Page Supervisor     | Other (specify): _____                       |
| <input type="checkbox"/> Cafeteria Staff                             | <input type="checkbox"/> Hot Line Operations | _____  |

The Washington State Senate is an equal opportunity employer. Persons who need assistance in the application process or need this application in an alternative format should contact the Secretary of the Senate's office.

*Please return completed application and resumé (if appropriate) to:*

**Secretary of the Senate**  
**417 Legislative Building**  
 P.O. Box 40482  
 Olympia, Washington 98504-0482  
 (360) 786-7550  
 1-800-635-9993 (TTY)

I understand that legislative employees are exempt from state civil service law and the Merit System Rules, and that the Senate is an "at-will" employer and may terminate my employment at any time, with or without cause.

\_\_\_\_\_  
(signature of applicant)