



WASHINGTON STATE

# HOUSE OF REPRESENTATIVES / SESSION EMPLOYMENT

Please Complete Both Pages 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					

## References

- \_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_ (telephone)
- \_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_ (telephone)
- \_\_\_\_\_ (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 \_\_\_\_\_

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

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.

# HOUSE OF REPRESENTATIVES

Full Name (First, Middle initial, Last)

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					

## 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 From To	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							

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.