



LOUISIANA
House of Representatives
Application for Employment

Revised 04/29/13

Mail completed form to:

Human Resources Office
House of Representatives
P. O. Box 44197
Baton Rouge, LA 70804-4197
or fax to: (225) 342-0373

(Please print)

Date: _____

Name: _____

Last First Middle

Address: _____

No. Street City State Zip

Telephone: Home _____ Business _____ Cell _____

E-mail Address: _____

Position Applied For: (Please circle one)

Attorney Legislative Analyst Committee Secretary Info Specialist/Librarian Sergeant-at-Arms

Receptionist Proofreader Docket Clerk Switchboard Operator Law Clerk Intern

Other _____

If applying for Law Clerk/Intern, specify hours that can be worked: Sun. _____ Mon. _____

Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

How were you referred to our Organization? _____

Have you worked with us before? No Yes - If yes, when/how long? _____

Previous Job Title _____ Reason for Leaving _____

Are you a retiree? If so, when and from where did you retire _____

Do you have any relatives who are members of the Legislature or who are employed by this Organization?

Yes No

If yes, please specify: _____

EDUCATIONAL HISTORY

High School Name and Location: _____

Attended from _____ to _____ G.P.A. _____

Technical or Other Name and Location: _____

Attended from _____ to _____ G.P.A. _____

Training Received: _____

College Name and Location: _____

Year 1 2 3 4 Attended from _____ to _____ Major _____
(Circle year presently attending, if student)

G.P.A. _____ Degree received _____ Total Semester Hours _____

Major _____ Minor _____ Honors: _____

Graduate School Name and Location: _____

Year 1 2 3 4 Attended from _____ to _____ Major _____
(Circle year presently attending, if student)

G.P.A. _____ Degree received _____ Total Semester Hours _____

Major _____ Honors: _____

Law School Name and Location: _____

Year 1 2 3 4 Attended from _____ to _____ G.P.A. _____
(Circle year presently attending, if student)

ClassRanking _____ Date Passed - Louisiana Bar Examination _____

Honors: _____

EMPLOYMENT HISTORY

Present/Previous Employer Data (List in Reverse Order Beginning with Present Employer, attach resume)

1 Name 2 Address	3 City/State/Zip 4 Contact/Phone	Position Job Title	Dates From/To	Salary Beginning/Ending	Reason for Leaving
1					
2					
3					
4					
<hr/>					
1					
2					
3					
4					
<hr/>					
1					
2					
3					
4					

U.S. MILITARY SERVICE

Branch of Service _____ From _____ to _____

Rank & Type of Service _____

Training/Experience Received _____

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.: _____

BUSINESS/PROFESSIONAL REFERENCES

(Do Not Include Relatives)

Name Address/City/State/Zip Telephone # Professional Relationship

1. _____

2. _____

3. _____

(Please circle yes or no)

Would you prefer that we check with you before contacting your references? Yes No

During Regular and Extraordinary sessions of the Legislature, it is necessary for staff to work a considerable amount of overtime. Are you willing to do so? Yes No

Are you willing to travel within the state for purposes of meeting with legislative committees? Yes No

Have you previously applied for employment with the House of Representatives? Yes No

If yes, when: _____

May your application be released to other organizations or persons who may be interested in applicants with your qualifications? Yes No

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason with or without cause, consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity.

I understand that if employed by this organization, I will agree to refrain from lobbying for or against any issues which might come before the legislature. I understand that failure to do so will result in dismissal or termination of employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature

Date