

**LOUISIANA SENATE
APPLICATION FOR FULL-TIME EMPLOYMENT**

PERSONAL DATA

Name _____ Date _____
Local Address _____ City/State/Zip _____
Local Telephone (____) _____ Driver's License: State _____ No. _____
Permanent Address _____ City/State/Zip _____
Permanent Telephone (____) _____ Cell Phone (____) _____
E-Mail Address _____

EMPLOYMENT DATA

Circle the choice(s) of the type of position(s) for which you are applying:

Attorney Researcher/Analyst Budget Analyst Communications
Secretary Receptionist Operator Operations Aide Clerical

Would you be interested in other positions for which you qualify? YES _____ NO _____

Minimum Salary Desired: \$ _____ Date Available: _____

Have you ever applied or worked with the Senate before? YES ____ When _____ NO ____

If "YES," under what name? _____ When _____

Are you a relative of a member of the Louisiana Legislature or Senate employee? YES ____ NO ____

If "YES," provide the relative's name and relationship: _____

OFFICE EXPERIENCE

Typing WPM _____ Months of experience answering business telephones? _____

Months of experience using computer? (ie. Mac, Word Processor, PC) _____

Months of experience using Word Perfect? _____

Experience in transcribing proceedings? YES ____ NO ____ If "YES," explain _____

List any other office machines you have had experience in operating:

LICENSE AND CERTIFICATION

Date admitted to Louisiana Bar: _____ Other current License/Certification: _____

EDUCATIONAL BACKGROUND

High School _____ Location _____

Attended: From _____ to _____ Date Graduated: _____ GPA: _____

BUSINESS/PROFESSIONAL TRAINING OTHER THAN COLLEGE:

School _____ Location _____

Courses or subjects taken _____

Night School _____ Correspondence School _____ Day School _____ P.O. S.T. Academy _____

Attended: From _____ to _____ Date Graduated: _____

COLLEGE OR UNIVERSITY:

Name _____ Location _____

Attended: From _____ to _____ Date Graduated: _____ GPA: _____

Total Hours Credited _____ Major _____ Minor _____

COLLEGE OR UNIVERSITY:

Name _____ Location _____

Attended: From _____ to _____ Date Graduated: _____ GPA: _____

Total Hours Credited _____ Major _____ Minor _____

GRADUATE LEVEL COLLEGE OR UNIVERSITY:

Name _____ Location _____

Attended: From _____ to _____ Date Graduated: _____ GPA: _____

Total Hours Credited _____ Major _____ Minor _____

LAW SCHOOL:

Name _____ Location _____

Attended: From _____ to _____ Date Graduated: _____ GPA: _____

Total Hours Credited _____ Major _____ Minor _____

Class Ranking: _____ Date Passed Louisiana Bar Exam: _____

Other education or specialized training:

Note: All applicants must provide transcripts of credits or copies of all post-secondary degrees obtained, diplomas, or other certificates received as stated herein prior to employment date by the Senate.

WORK EXPERIENCE

Complete the following, beginning with your most recent employment record. Should you require additional listings, please attach additional sheets.

TITLE OF PRESENT OR LAST POSITION: _____

Is/Was the Position: Full-Time _____ Part-Time _____ Student _____ Contract _____ Other _____

EMPLOYER: _____

(Address) _____ (City) _____ (State) (Zip Code) (Employer Phone) _____

DATES OF EMPLOYMENT: FROM _____ TO _____ Beginning Salary: \$ _____

Immediate Supervisor: _____ Ending Salary: \$ _____

Reason for Leaving: _____

Describe Duties: _____

TITLE OF PREVIOUS POSITION: _____

Is/Was the Position: Full-Time _____ Part-Time _____ Student _____ Contract _____ Other _____

EMPLOYER: _____

(Address) _____ (City) _____ (State) (Zip Code) (Employer Phone) _____

DATES OF EMPLOYMENT: FROM _____ TO _____ Beginning Salary: \$ _____

Immediate Supervisor: _____ Ending Salary: \$ _____

Reason for Leaving: _____

Describe Duties: _____

TITLE OF PREVIOUS POSITION: _____

Is/Was the Position: Full-Time _____ Part-Time _____ Student _____ Contract _____ Other _____

EMPLOYER: _____

(Address) _____ (City) _____ (State) (Zip Code) (Employer Phone) _____

DATES OF EMPLOYMENT: FROM _____ TO _____ Beginning Salary: \$ _____

Immediate Supervisor: _____ Ending Salary: \$ _____

Reason for Leaving: _____

Describe Duties: _____

U.S. MILITARY SERVICE

Branch of Service: _____ From _____ To _____

Rank and Type of Service: _____

Training/Experience Received: _____

OTHER INFORMATION

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.

Are you willing and able to travel within the state for purposes of meeting with committees if the position for which you are applying requires such travel? YES _____ NO _____

During legislative sessions, staff may work over-time, the hours and days depending largely upon when the Senate meets. Are you willing and able to do so? YES _____ NO _____

Have you ever been discharged or forced to resign from any position? YES _____ NO _____

May inquiry be made of your present (or most recent) employer? YES _____ NO _____

Would you prefer that we check with you before contacting your references? YES _____ NO _____

Do you currently hold a public office or position? YES _____ NO _____

If "yes," describe the nature of the office or position: _____

Have you ever been on probation or sentenced to jail/prison as a result of being convicted of or pleading guilty to a felony? YES _____ NO _____ (Conviction will not necessarily disqualify an applicant from employment). If "yes," please explain _____

May your application be released to other organizations or persons who may be interested in applicants with your qualifications? YES _____ NO _____

The following is requested to complete for reports required by law. You are NOT LEGALLY OBLIGATED to provide this information.

RACIAL/ETHNIC GROUP

DATE OF BIRTH

SEX (Circle One)

_____/_____/_____

Male

Female

BUSINESS – CHARACTER REFERENCES

LIST REFERENCES BELOW. DO NOT INCLUDE RELATIVES OR FORMER SUPERVISORS.

	NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

APPLICANT'S STATEMENT

I authorize the Senate or its designees to investigate all statements contained in this application. I also authorize and request any and all former employers (except as specified above) and any other persons, firm, or corporation to furnish any and all information requested by the Senate or its designees concerning my job performance, suitability for employment, job qualifications, and personal background, and I hereby release each such employer or other person, firm, or corporation from any and all liability by reason of furnishing the requested information. In addition, if I should be employed by the Senate, I expressly authorize the Senate to release information about my job performance, job qualifications, and suitability for employment to any person who may request such information either during my employment or after my employment terminates, and I expressly release the Senate from any liability for disclosing such information.

I understand that the Senate follows an "employment at will" policy, in that I or the Senate 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 any misrepresentation or omission of fact contained in this application is cause for my rejection or immediate dismissal if I should become employed. I also understand and agree that, if I should become employed, my employment with the Senate is for no definite time period and may be terminated at any time. Finally, I understand that the completion of this employment application does not indicate that there are positions available and does not obligate the Senate to offer me a position if positions are available.

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 the information provided is true and accurate.

Date	Signature
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RETURN THIS APPLICATION TO: Louisiana Senate
Human Resource Office
P.O. Box 94183
Baton Rouge, LA 70804

OR Fax: (225) 342-8340