



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.)

- ( ) Assistant Sergeant at Arms/Security Officer ( ) Committee Clerk ( ) Information Officer
( ) Attorney ( ) Legislative Aide ( ) Research Analyst
( ) Legislative Information Specialist ( ) Page Supervisor Other (specify): \_\_\_\_\_
( ) Cafeteria Staff ( ) 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
309 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)