

**LOUISIANA SENATE  
APPLICATION FOR EMPLOYMENT**

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**PERSONAL DATA**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**EMPLOYMENT DATA**

Position(s) sought:    FULL TIME [ ]    PART TIME [ ]

Attorney [ ]            Researcher/Analyst [ ]            Budget Analyst [ ]            Communications [ ]

Secretary [ ]            Receptionist [ ]            Operations Aide [ ]            Clerical [ ]

Other [ ] \_\_\_\_\_

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

Salary Desired: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you 18 years of age or older?            YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever applied or worked with the Senate before?            YES \_\_\_\_\_ 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: \_\_\_\_\_

**LICENSE AND CERTIFICATION**

Are you a current active member of the Louisiana Bar?            YES \_\_\_\_\_ NO \_\_\_\_\_

Other current License/Certification(s): \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Are you currently in school? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, where? \_\_\_\_\_

High School \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Diploma Received: YES \_\_\_\_\_ NO \_\_\_\_\_

**BUSINESS/PROFESSIONAL TRAINING OTHER THAN COLLEGE:**

Name \_\_\_\_\_ Location \_\_\_\_\_

Courses or subjects taken: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Certification Received: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what type? \_\_\_\_\_

**COLLEGE OR UNIVERSITY:**

Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Total Hours Credited: \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree Received: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what type? \_\_\_\_\_

**GRADUATE LEVEL COLLEGE OR UNIVERSITY:**

Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Total Hours Credited: \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree Received: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what type? \_\_\_\_\_

**LAW SCHOOL:**

Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Degree Received: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what type? \_\_\_\_\_

**OTHER EDUCATION OR SPECIALIZED TRAINING:**

\_\_\_\_\_  
\_\_\_\_\_

**Note:** Prior to employment, applicants will be required to provide transcripts of credits or copies of all post-secondary degrees obtained, diplomas, or other certificates received as stated herein.

## WORK EXPERIENCE

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

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TITLE OF PRESENT OR LAST POSITION: \_\_\_\_\_

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

EMPLOYER: \_\_\_\_\_

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(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone) \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ Beginning Salary: \$ \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

TITLE OF PREVIOUS POSITION: \_\_\_\_\_

Was the Position: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Student \_\_\_\_\_ Contract \_\_\_\_\_ Other \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone) \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ Beginning Salary: \$ \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

TITLE OF PREVIOUS POSITION: \_\_\_\_\_

Was the Position: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Student \_\_\_\_\_ Contract \_\_\_\_\_ Other \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (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 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: \_\_\_\_\_

Are you currently employed by any state entity? YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN THIS APPLICATION TO: Louisiana Senate  
Human Resource Office  
P.O. Box 94183      OR Fax: (225) 342-8340  
Baton Rouge, LA 70804