



HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

P.O. Box 2910 • Austin, Texas 78768-2910

The Texas House of Representatives is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, if you require reasonable accommodations during the application process, please call (512) 463-0865.

Date: _____

1. Full Name: _____ Last 4 Digits of SSN: _____
(Last) (First) (Initial)

2. Mailing Address: _____
(Street) (Apt.) (City) (State) (Zip)

3. E-mail Address: _____

4. Home Phone: _____ Alternate Phone: _____
(Area Code) (Area Code)

5. Type or title of position(s) for which application is made: _____

6. Full Time Part Time

		MON.	TUE.	WED.	THUR.	FRI.	
If Part Time show hours available for work:	A.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL _____
	P.M.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

7. What is the earliest work date you will be available? _____

8. **Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?** Yes No
If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.*

9. **Are any of your relatives either by blood or by marriage employed by the State, the legislature or holding an elected or appointed State office?** Yes No If "Yes," complete the following:

Name _____	Name _____
Title _____	Title _____
Department _____	Department _____
Relationship _____	Relationship _____

10. Have you had past legislative experience? Yes No If "Yes," describe work in space provided at item 18 on this application.

11. Enter the cumulative total of all the time you have worked for the House of Representatives. ____ Years ____ Months
Enter the cumulative total of all time you have worked for a State Agency other than the House. ____ Years ____ Months

12. **Special Training/Skills/Qualifications/Other languages:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware. (Attach additional page if necessary.)

13. Licenses or certificates, if any	Licensing authority	Date of expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. EDUCATION LEVEL

High School Graduate

Yes No

If not High School Graduate, have you obtained some equivalency such as GED?
If yes give date: _____

Bachelors Degree

Yes No

If yes, give date: _____

Masters Degree

Yes No

If yes, give date: _____

Doctorate Degree

Yes No

If yes, give date: _____

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

School: _____
Name City State Zip

Number of undergraduate hours completed: _____ hrs.

Fields of study:

(1) _____

(2) _____

School: _____
Name City State Zip

Number of graduate hours completed: _____ hrs.

Fields of study:

(1) _____

(2) _____

School: _____
Name City State Zip

Number of graduate hours completed: _____ hrs.

Fields of study:

(1) _____

(2) _____

School: _____
Name City State Zip

15. Are you now a student? Yes No If you are a law student, give expected graduation date: _____

16. BUSINESS AND VOCATIONAL TRAINING

Graduate

Yes No

Trained in: (1) _____
(2) _____

School: _____
Name City State Zip

Apprentice Experience

List any other vocations and/or professions in which you have had experience or training.

(1) _____ No. years/months: _____

(2) _____ No. years/months: _____

17. MILITARY SERVICE

Are you a veteran? Yes No If "Yes," list type of discharge: _____

Dates of services (from/to): _____

Are you a surviving spouse of a veteran who has not remarried? Yes No

If "Yes," complete dates of service for veteran (from/to): _____

Are you a surviving orphan of a veteran? Yes No

If "Yes," complete dates of service for veteran (from/to): _____

18. EMPLOYMENT RECORD

Beginning with present or last position held, give history for the past four years or last four positions of employment, including military service. May we contact your present employer? Yes No

A	Name of employer (<i>firm, organization, etc.</i>) address (<i>include Zip Code</i>) and phone number:		
Dates of employment (<i>month, year</i>): <i>From</i> <i>To</i>	Title of position:	Salary or earnings: <i>Starting</i> \$ <i>per</i> <i>Ending</i> \$ <i>per</i>	
Type of business or organization:	Name and title of immediate supervisor:	Number of employees supervised by you, if any:	
Description of duties, responsibilities, accomplishments: _____			
Reason for leaving: _____			
B	Name of employer (<i>firm, organization, etc.</i>) address (<i>include Zip Code</i>) and phone number:		
Dates of employment (<i>month, year</i>): <i>From</i> <i>To</i>	Title of position:	Salary or earnings: <i>Starting</i> \$ <i>per</i> <i>Ending</i> \$ <i>per</i>	
Type of business or organization:	Name and title of immediate supervisor:	Number of employees supervised by you, if any:	
Description of duties, responsibilities, accomplishments: _____			
Reason for leaving: _____			
C	Name of employer (<i>firm, organization, etc.</i>) address (<i>include Zip Code</i>) and phone number:		
Dates of employment (<i>month, year</i>): <i>From</i> <i>To</i>	Title of position:	Salary or earnings: <i>Starting</i> \$ <i>per</i> <i>Ending</i> \$ <i>per</i>	
Type of business or organization:	Name and title of immediate supervisor:	Number of employees supervised by you, if any:	
Description of duties, responsibilities, accomplishments: _____			
Reason for leaving: _____			
D	Name of employer (<i>firm, organization, etc.</i>) address (<i>include Zip Code</i>) and phone number:		
Dates of employment (<i>month, year</i>): <i>From</i> <i>To</i>	Title of position:	Salary or earnings: <i>Starting</i> \$ <i>per</i> <i>Ending</i> \$ <i>per</i>	
Type of business or organization:	Name and title of immediate supervisor:	Number of employees supervised by you, if any:	
Description of duties, responsibilities, accomplishments: _____			
Reason for leaving: _____			

19. List three personal or character references to whom we may refer for information about your character or qualifications. Include no present employers or relatives. Do not include more than one teacher or professor.

Name	Address or email	Phone number	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

20. (Optional Question) — If you desire to elaborate on any information that bears on your qualifications or that may be helpful in evaluating your application, use this space for your remarks.

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

- 21. The information on your application will be kept in our files for ninety (90) days without any further contact from you. However, if at the end of ninety days, you have not been back in touch with us, your application will be purged and you will no longer be considered for employment. Should you find other employment and are no longer interested in working for the House, please call us.
- 22. I understand this employment application does not constitute an offer of employment or an employment contract. The House is an at-will employer so employees may be terminated by either themselves or the employer at any time for any reason or no reason at all, with or without cause or notice.
- 23. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- 24. I understand that the State of Texas requires all males who are 18 thru 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- 25. I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be declared ineligible for employment. I authorize any inquiry necessary to acquire information that may have a bearing on my qualifications or background provided such information be disclosed only to those persons responsible for evaluating this application.

Applicant Signature: _____ **Date** _____

PLEASE SIGN YOUR NAME AND BE SURE ALL APPLICABLE QUESTIONS ARE ANSWERED SO THAT YOUR APPLICATION WILL RECEIVE FULL CONSIDERATION.

**A conviction does not constitute an automatic bar to employment, and the seriousness of the crime and date of conviction will be considered.*