

APPLICATION FOR LEGISLATIVE SESSION EMPLOYMENT

(Please type or print)

CONTACT INFORMATION		
Name (First, MI, Last)	Email Address	
Mailing Address		
City, State, and Zip Code		
Telephone	Alternate Phone	
POSITION INFORMATION		
Position Desired: 1 st Choice 2 nd Choice	<input type="checkbox"/> Senate <input type="checkbox"/> House <small>(Select only one)</small>	Legislative District:
Have you ever been employed by the legislature? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which sessions were you employed?	
List qualifications you believe will be helpful in the position desired:		
EDUCATION		
Did you graduate high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	College: <input type="checkbox"/> Yes Type of degree: _____ <input type="checkbox"/> No	
List any other training you have received:		
WORK EXPERIENCE		
Name and Address of Employer	Dates Employed: From: _____ To: _____	
Nature of Work	Supervisor	
Name and Address of Employer	Dates Employed: From: _____ To: _____	
Nature of Work	Supervisor	
Name and Address of Employer	Dates Employed: From: _____ To: _____	
Nature of Work	Supervisor	

SKILLS

List your special skills which you feel may be helpful to the job desired:

Keyboarding words per minute:

Proficiency in (mark all that apply)?

Word Excel Outlook PowerPoint Adobe

Other (please list):

Are you familiar with the legislative process?

Why are you interested in working for the Legislative Assembly?

REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

CERTIFICATE OF APPLICANT

If hired, I understand that I will be designated as a temporary full-time legislative employee and that I may be assigned duties other than those for which I was hired, that I may be required to work varied hours at different periods during the time for which I am hired, and that I will faithfully perform my assigned duties with whatever equipment or resources that may be provided.

Signature of Applicant:

Date:

APPLICANT: Include resume with application. Application deadline is November 28th or until positions are filled. Please call 701-328-2916 if you have any questions. Completed, signed forms can be dropped off at, or mailed to:

Legislative Council
State Capitol
2nd Floor
600 East Boulevard
Bismarck, ND 58505