



CALIFORNIA STATE SENATE

EMPLOYMENT APPLICATION

_____	_____	_____	()	_____
Last Name	First Name	Middle Initial	Area Code	Cell Phone
_____			()	_____
Address			Area Code	Home Phone
_____			()	_____
City	State	Zip Code	Area Code	Work Phone

EMPLOYMENT DATA

Position Desired:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Salary Desired:		Date Available to Begin Work:	
Have you ever worked for the State Legislature?	Yes <input type="checkbox"/> No <input type="checkbox"/>	House:	
Have you ever worked for the State of California?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Department:	
Name of Current Employer:		May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referred to Senate Rules Committee by:			
If you are related* to a current Senate employee, please list their name and relationship:			
<i>*For purposes of this section, "relative" is defined as a spouse, ex-spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, cousin, niece, nephew, or corresponding in-law, "step" relation, domestic partner, or anyone related by marriage who is residing in the same household.</i>			
Are you currently receiving income benefits or have you made an application to retire from the California Public Employees' Retirement System (CalPERS)? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

List school name and location, beginning with high school:	Major	Degree	Years Completed	Did you Graduate?

SKILLS

Do you have any other experience, training, qualifications, or special skills, which you feel may make you especially suited in performing the job for which you are applying? If so, please explain:

EMPLOYMENT RECORD (INFORMATION REQUIRED - DO NOT REFERENCE RESUME)

(Start with current or most recent employer and include military service, if any. Please complete fully and do not refer to resume. Attach additional sheets if necessary)

Company Name:		Job Title:	
Address:		Duties:	
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:		Reason for leaving:	

Company Name:		Job Title:	
Address:		Duties:	
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:		Reason for leaving:	

Company Name:		Job Title:	
Address:		Duties:	
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:		Reason for leaving:	

Certification: I declare under the penalty of perjury, that this statement has been completed by me and to the best of my knowledge and belief, is a true, correct, and complete statement in answer to the questions contained herein.

SIGNATURE: _____ **DATE:** _____