



Employment Application

CALIFORNIA STATE SENATE HUMAN RESOURCES OFFICE: 1020 N St., Room 571 / Sacramento, CA 95814

REV 05.23

1 PERSONAL INFORMATION

NAME [LAST]	NAME [FIRST]	NAME [MI]	MOBILE PHONE [INCLUDE AREA CODE]
STREET ADDRESS			ALTERNATE PHONE [INCLUDE AREA CODE]
CITY	STATE	ZIP	PERSONAL EMAIL

2 EMPLOYMENT DATA

DESIRED POSITION	DATE AVAILABLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
HAVE YOU EVER WORKED FOR THE CA STATE LEGISLATURE? <input type="checkbox"/> NO <input type="checkbox"/> YES, SENATE <input type="checkbox"/> YES, ASSEMBLY	HAVE YOU EVER WORKED FOR THE STATE OF CALIFORNIA? <input type="checkbox"/> NO <input type="checkbox"/> YES; DEPT:	REFERRED TO SENATE RULES COMMITTEE BY
IF YOU ARE RELATED TO (A) CURRENT SENATE EMPLOYEE(S), PLEASE LIST THEIR NAME(S) AND YOUR RELATIONSHIP TO EACH.		
<i>For the purposes of the box above, "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 to you by marriage who is residing in the same household.</i>		
Are you currently receiving income/retirement benefits or have you made an application to retire from the California Public Employees' Retirement System (CalPERS)?		<input type="checkbox"/> NO <input type="checkbox"/> YES

3 EDUCATION

Please include verification of your degree with your completed application.

SCHOOL NAME AND LOCATION, BEGINNING WITH MOST RECENT	MAJOR / CONCENTRATION	DEGREE	EXPECTED DATE
		<input type="checkbox"/> COMPLETED <input type="checkbox"/> IN PROGRESS	
		<input type="checkbox"/> COMPLETED <input type="checkbox"/> IN PROGRESS	
		<input type="checkbox"/> COMPLETED <input type="checkbox"/> IN PROGRESS	
		<input type="checkbox"/> COMPLETED <input type="checkbox"/> IN PROGRESS	
		<input type="checkbox"/> COMPLETED <input type="checkbox"/> IN PROGRESS	

4 SKILLS

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

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5 EMPLOYMENT RECORD

Include all relevant experience beginning with most recent. Do not reference resume. To add additional jobs, see page 3.

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
FROM [MM/YY]	TO [MM/YY]				
SUPERVISOR					
TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
FROM [MM/YY]	TO [MM/YY]				
SUPERVISOR					
TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
FROM [MM/YY]	TO [MM/YY]				
SUPERVISOR					
TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		

6 DECLARATION

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

SIGNATURE	DATE
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5 EMPLOYMENT RECORD [CONTINUED FROM PAGE 2]

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
FROM [MM/YY]	TO [MM/YY]				
SUPERVISOR					
TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING			

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
FROM [MM/YY]	TO [MM/YY]				
SUPERVISOR					
TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING			

COMPANY / INSTITUTION		<input type="checkbox"/> CURRENT EMPLOYER	HRS/WEEK	OFFICIAL JOB TITLE	<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
STREET ADDRESS		DUTIES			
CITY	STATE				
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STREET ADDRESS		DUTIES			
CITY	STATE				
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