Hired For _____

APPLICATION FOR EMPLOYMENT

IOWA HOUSE OF REPRESENTATIVES

An Equal Opportunity Employer

Eighty-Sixth General Assembly 2015 – session is January 12 – May 2, 2015 Date_____

NAME _____

Last First Middle

ADDRESS _____

TELEPHONE_____**ALTERNATE CONTACT NUMBER**_ _____

E-MAIL _____

EDUCATION: (State name and number of years attended)

High School: _____

College: _____

STATE BRIEFLY COMPUTER SKILLS, SPECIAL TRAINING OR QUALIFICATIONS:_____

_____

_____

RECORD OF PREVIOUS EMPLOYMENT: *(You may also attach a resume if desired)*

Employer	**Date of Employment**	**Position**

CHARACTER REFERENCES—list two persons, not relatives.

NAME _____**TELEPHONE:**_____

NAME _____**TELEPHONE:**_____

MAY THE ABOVE SCHOOLS, REFERENCES AND EMPLOYERS BE CONTACTED? Yes _____ No _____

EMPLOYMENT WITH THE HOUSE OF REPRESENTATIVES MAY REQUIRE LONG OR IRREGULAR HOURS OF WORK. ALL EMPLOYEES ARE EXPECTED TO BE AVAILABLE TO WORK SUCH HOURS. ARE YOU WILLING TO ACCEPT EMPLOYMENT UNDERSTANDING THIS POLICY? _____YES _____NO

I hereby authorize your checking of all statements contained in this application. _____

SIGNATURE