



**LIST REFERENCES AND/OR LEGISLATORS WHO KNOW ABOUT YOUR WORK AND/OR TRAINING**

Name	Address	Phone Number

**PLEASE DESCRIBE YOUR INTEREST IN WORKING FOR THE LEGISLATURE**

**CHAMBER PREFERENCE**

House  Senate  No Preference

**IN WHICH CAPACITY ARE YOU MOST INTERESTED IN SERVING THE 64<sup>TH</sup> LEGISLATIVE SESSION**

Non Partisan Support Staff  Majority Office  Minority Office

**PLEASE SPECIFY DESIRED POSITIONS (A LIST OF POSITIONS IS AVAILABLE HERE)**

**LEGISLATIVE EXPERIENCE (YEAR AND POSITION)**

**ADDITIONAL SKILLS AND/OR INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

**Signature:**

**Date:**

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