

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 65TH LEGISLATIVE SESSION

Non Partisan Support Staff Republican Office Democrat 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:
