

Montana State Legislature Employment Application

- ✓ Please complete this application by typing or printing in ink.
- ✓ Submit this form and resume, to leghr@mt.gov or Legislative Services Division – Human Resource Office, Room 154, State Capitol, Helena Montana 59620 (406)444-3230
- ✓ The deadline for submitting session applications for the 67th Legislative Session is November 13, 2020.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

PERSONAL DATA

Name _____
Present Address _____ City _____ State _____ Zip _____
Helena Address _____
Phone () - _____ Other Phone () - _____ E-Mail Address _____

EDUCATION

High School Diploma/GED/HiSET? Yes Post Secondary Degree? _____
Name of school beyond High School _____
Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box City State Zip Code
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box City State Zip Code
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

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 67TH 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:
