

# Montana State Legislature Session Employment Application

Submit this form using the button at the bottom or email to [leghr@legmt.gov](mailto:leghr@legmt.gov) or drop off at Legislative Services Division – Human Resource Office, Room 67, State Capitol, Helena Montana 59620 (406)444-3230

The deadline for submitting session applications for the 69<sup>th</sup> Legislative Session is November 15, 2024.

## Applicant Contact Information

Name:

Present Address (include City, State, Zip Code):

Helena Address (include City, State, Zip Code):

Phone:

Other Phone:

Email Address:

## Education

High School Diploma/GED/HiSET?      Yes      No

Post Secondary Degree

Name of School:

Major/Minor:

## Work Experience (*List most recent work experience first*)

Company Name:

Immediate Supervisor:

Address:

Job Title:

Phone Number:

Job Description (*duties, skills, equipment used*):

Dates: From (mm/yy)      to (mm/yy)      Reason for leaving:

## Work Experience (*List most recent work experience first*)

Company Name:

Immediate Supervisor:

Address:

Job Title:

Phone Number:

Job Description (*duties, skills, equipment used*)

Dates: From (mm/yy) to (mm/yy) Reason for leaving

**Work Experience (*List most recent work experience first*)***You may refer to your resume for this part if it includes this info*

Company Name:

Immediate Supervisor:

Address:

Job Title:

Phone Number:

Job Description (*duties, skills, equipment used*):

Dates: From (mm/yy) to (mm/yy) Reason for leaving:

**List Professional References** - You may reference resume if they are listed there with this info

Name/Address/Email/Phone:

**List Legislators You Know**

Name/Address/Email/Phone:

**Please Describe Your Interest In Working for the Legislature As A Short Term Session Employee**

**Chamber Preference**

House

Senate

No Preference

**In which Capacity Are You Most Interested In**

Non Partisan Support

Democrat Office

Republican Office

**Please Specify Desired Positions**

Committee Support

Chamber Support

Sergeant at Arms Staff

No Preference

**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 (electronic is ok):**

**Date:**

Resumes are not required but you may also email a resume to [leghr@legmt.gov](mailto:leghr@legmt.gov)

*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.*