

United States Senate
Office of the Secretary

Human Resources Department
 Senate Hart 231-B
 Washington, DC 20510
 Telephone: (202) 224-3625



**Employment
 Application**

Please print or type. Complete all questions and sign on page 4.
 "SEE RESUME" is not a sufficient response to any question.

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work Telephone
Position Desired		Date Available to Begin Work	Salary Desired	Social Security Number
Type of Employment Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	Citizen of (Country)	<i>Pursuant to Federal Law, the Senate is prohibited from hiring applicants who are citizens of certain countries.</i>

EDUCATION

Level	Name and Location of School	Mo/Yr Attended		Diploma or Degree (Credits Earned If No Degree)	Major
		From	To		
High School					
* Business, Trade or Technical					
* College					
* Graduate School					
* Other					

* If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree _____ Name At Time Earned _____

Scholastic Achievements:

SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please request an "Employment History Continuation Sheet" if additional space is needed.

1 Present or Most Recent Employer	Telephone ()	Dates Employed (Mo/Yr)		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Type of Employment ___ Full Time ___ Part Time ___ Temporary ___ Other		Hourly Rate/Salary		
		Final		
Reason for Leaving/Considering Leaving		\$	Per	

If currently employed, may we contact for reference? ___ Yes ___ No ___ Later

2 Next Previous Employer	Telephone ()	Dates Employed (Mo/Yr)		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Type of Employment ___ Full Time ___ Part Time ___ Temporary ___ Other		Hourly Rate/Salary		
		Final		
Reason for Leaving		\$	Per	

3 Next Previous Employer	Telephone ()	Dates Employed (Mo/Yr)		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Type of Employment ___ Full Time ___ Part Time ___ Temporary ___ Other		Hourly Rate/Salary		
		Final		
Reason for Leaving		\$	Per	

4 Next Previous Employer	Telephone ()	Dates Employed (Mo/Yr)		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		\$	Per	
Immediate Supervisor and Title		Hourly Rate/Salary		
		Final		
Reason for Leaving		\$	Per	

COMMENTS (including explanation of any gaps in employment):

REFERENCES

List three business/work references who are NOT related to you and are NOT previous supervisors.

Name	Telephone	Years	In What Capacity Did This Person Observe You Or Your Work

PROFESSIONAL LICENSES

List any professional license(s) that are related to the position for which you are applying and state(s) in which licensed:

MEMBERSHIPS

List professional, trade, business, or civic associations which you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AND AWARDS
Exclude information which would reveal sex, race, religion, national origin, age, color, or disability.
OTHER INFORMATION
<p>Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under Federal or State law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A "yes" response will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please explain:</p>
If you have ever been granted a security clearance by any Government agency, indicate level of clearance, when granted, and by whom.
Have you ever had a security clearance suspended, denied or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any relatives currently employed at the Office of the Secretary of the Senate? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative(s) if answer is "yes":
<p>What prompted your application to the Office of the Secretary? Ad _____ Friend _____</p> <p><i>Please identify the specific source in the space provided</i></p> <p>Office of the Secretary Employee _____ Other _____</p>

I HEREBY CERTIFY that all of the information on this application and other supporting documentation is correct and complete, and I recognize that it is subject to check. Furthermore, I understand that any falsification or omission of any information may be grounds for not employing me or for dismissing me.

I give the Office of the Secretary of the Senate permission to contact any or all of my previous employers (except my current employer if I have so indicated above), my references, and my schools for full information; and I release them from any liability or damages in providing the requested information.

Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, a rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my continued employment.

I understand and agree that, if I am hired, the Office of the Secretary of the Senate will conduct a background check on me and that my employment is contingent on the results of that background check.

If employed and in consideration of my employment, I agree to conform to the rules and regulations of the Office of the Secretary of the Senate. My employment may be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me. I understand that no representative of the Office of the Secretary of the Senate, except the Secretary or Assistant Secretary, has any authority to enter into any agreement of employment for any specific period or to make any agreement contrary to the foregoing. Any such agreement between the Secretary or Assistant Secretary and me must be in writing.

Signature of Applicant _____ Date _____

United States Senate

**Employment History
Continuation Sheet**

Office of the Secretary

Human Resources Department
Senate Hart 231-B
Washington, DC 20510
Telephone: (202) 224-3625

Last Name	First	Middle	Date of Application
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Please place a number in the upper left-hand block to designate the next previous employer, as continued from page 3 of the Employment Application. If this is your first Continuation Sheet, the next number is 5.

<input type="checkbox"/> Next Previous Employer	Telephone ()	Dates Employed (Mo/Yr)	Summarize the nature of the work performed and job responsibilities		
		From To			
Address					
Job Title		Hourly Rate/Salary			
		Starting			
Type of Employment ___ Full Time ___ Part Time ___ Temporary ___ Other		\$			Per
Immediate Supervisor and Title		Hourly Rate/Salary			
		Final			
Reason for Leaving		\$	Per		
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Reason for Leaving		\$	Per		