

**ASSEMBLY  
CALIFORNIA LEGISLATURE  
EMPLOYMENT APPLICATION**

FOR ASSEMBLY RULES COMMITTEE ONLY

**NOTICE:** All Assembly employees are exempt from State Civil Service. They are “**at-will**” employees who serve at the pleasure of the Assembly and the Assembly may change or terminate their employment with or without cause at any time. No notice or hearing need be provided for change or termination of employment.

PERSONAL INFORMATION:			Date
Last Name	First Name	Middle Initial	Cell Phone with Area Code
Address			Home Phone with Area Code
City	State	Zip	Work Phone with Area Code

**EMPLOYMENT DATA:**

Position Desired \_\_\_\_\_ Full-Time  Part-Time

Have you ever worked for the State Legislature before?      Yes       No       House: \_\_\_\_\_      Department: \_\_\_\_\_

Have you ever worked for the State of California?      Yes       No       Department: \_\_\_\_\_      Unit: \_\_\_\_\_

Are you currently receiving or have you applied for retirement benefits under the California Public Employees' Retirement System?      Yes       No

Name of Current Employer \_\_\_\_\_      May we inquire of present employer?      Yes       No

Salary Desired \_\_\_\_\_      Date you can start work \_\_\_\_\_

Referred to Assembly Rules Committee by \_\_\_\_\_

Did you graduate from High School?      Yes       No

Education	School Name & Location	No. of Years Attended	Honors Received Diploma/Degree	Course of Study
Business, Trade or Technical School				
College/University				
Graduate/Professional School				

**COMPUTER SKILLS:**

Word Processing: \_\_\_\_\_

Electronic Spreadsheet: \_\_\_\_\_

Other Computer Skills: \_\_\_\_\_

**CLERICAL SKILLS:**

\_\_\_\_\_

**BILINGUAL SKILLS:** Do you speak, read, or write another language? Yes  No  Specify Language(s): \_\_\_\_\_**EMPLOYMENT RECORD**

List current or more recent employer, if any, first. Attach additional sheets if necessary.

Most recent employment						
Firm Name					Phone (      )	
Street Address				Month	Day	Year
City, State			From			No. Hrs. Worked Per Week
Supervisor			To			
Job titles		Duties				
Reason for leaving						

2nd most recent employment						
Firm Name					Phone (      )	
Street Address				Month	Day	Year
City, State			From			No. Hrs. Worked Per Week
Supervisor			To			
Job titles		Duties				
Reason for leaving						

*Please continue employment record on next page.*

**EMPLOYMENT RECORD continued**

3rd most recent employment						
Firm Name					Phone (      )	
Street Address			Month	Day	Year	No. Hrs. Worked Per Week
City, State		From				
Supervisor		To				
Job titles		Duties				
Reason for leaving						

**REFERENCES**

Provide the names of 3 persons not related to you who you have known at least 1 year. References should be acquainted with your employment and/or educational background.

Name	Address	Phone	Business	Position	Years Acquainted

EMPLOYMENT APPLICATION AGREEMENT: I understand that this is an application for “**at-will**” employment by the Assembly. As such, the Assembly may terminate my employment, with or without cause, and with or without notice, at any time. I understand that no one other than the Assembly Rules Committee has the authority to alter this policy of “at-will” employment. I understand that this application supersedes all prior understandings or agreements of the parties. I declare that I have not been induced to enter into employment with the Assembly by any other oral or written representation or warranty outside those expressly set forth in this application. I understand that no one other than the Assembly Rules Committee has authority to approve or alter the terms of my employment with the Assembly. I declare under the penalties of perjury that this statement has been completed by me and to the best of my knowledge and belief, is a true, correct, and complete statement in answer to the questions contained herein.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_