



United States Senate

OFFICE OF THE SERGEANT AT ARMS
PLACEMENT OFFICE
ROOM SH-116, HART SENATE OFFICE BUILDING
WASHINGTON, D. C. 20510
www.senate.gov/employment

PHONE:
202-224-9167

T.D.D.
202-224-4215

Job Line
202-228-JOBS

EMPLOYMENT APPLICATION FORM

NAME _____
(First) (Middle) (Last)

LOCAL ADDRESS _____
(Number) (Street) (City) (State) (Zip)

HOME ADDRESS _____
(if different from above) (Number) (Street) (City) (State) (Zip)

Phone: Home _____ Cell _____ Office _____

Citizenship (Specify Country) _____ E-Mail Address _____

Pursuant to federal law, the Senate is prohibited from hiring applicants who are citizens of certain countries.

States in which you have resided _____

Position Desired _____ Minimum Salary Requirement _____
(Legislative, Administrative, Press, etc...)

Type of Employment: Full Time Part Time Temporary Date Available for Work _____

Military Service Yes No Branch _____ Length of Service _____

Have you ever held a Security Clearance? _____ Do you currently have a Security Clearance? _____ Level of Security Clearance? _____

EDUCATION

INSTITUTION (abbreviate if necessary)

GRADUATE
YES NO

HIGH SCHOOL _____ DEGREE MAJOR GPA

COLLEGE OR UNIVERSITY _____

GRADUATE OR LAW SCHOOL _____

ADDITIONAL EDUCATION _____

Scholastic & Work-related licenses or certificates, Professional achievements, and awards

SKILLS

Typing, if applicable _____ wpm Shorthand, if applicable _____ wpm

Language Skills _____

Computer Skills _____

TESTING RESULTS (Office use only)

Typing _____ WPM on a 5 minute test (_____ WPM, _____ Errors) Verified by: _____ Date: _____

EXPERIENCE

A RESUME IS NOT A SUBSTITUTE FOR THIS FORM. HOWEVER, A RESUME, LIMITED TO TWO PAGES, SHOULD ACCOMPANY THIS FORM.

BEGIN THIS SECTION WITH CURRENT OR MOST RECENT EXPERIENCE:

1. _____
(Name of Employer) (Dates) (Title) (Salary)

(Name of Supervisor) (Telephone Number)

Reason for leaving: _____

Brief Description of work: _____

2. _____
(Name of Employer) (Dates) (Title) (Salary)

(Name of Supervisor) (Telephone Number)

Reason for leaving: _____

Brief Description of work: _____

3. _____
(Name of Employer) (Dates) (Title) (Salary)

(Name of Supervisor) (Telephone Number)

Reason for leaving: _____

Brief Description of work: _____

May inquiry be made of your current or former supervisors regarding your character, qualifications, and record of employment?

Yes No Exceptions (Name) _____

Is any relative of yours by blood or marriage employed within the Legislative Branch of the Federal Government?

Yes No Name _____

Relationship _____ Where Employed? _____

Please use this space for any additional statement you wish to make.

I certify that all of the foregoing information I have supplied in this application is correct and complete. I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF ANY INFORMATION CONSTITUTES GROUNDS FOR ANY SENATE EMPLOYER TO NOT EMPLOY ME OR TO DISMISS ME FROM EMPLOYMENT.

I further acknowledge that the Senate Placement Office maintains strict confidentiality with Senate employers regarding their vacancies and cannot disclose information pertaining to the vacancies or the referral of applicants, and, as a condition of registering with the Placement Office, I agree not to seek this information.

APPLICANT'S SIGNATURE _____ DATE _____

The United States Senate is an equal opportunity employer.