

OREGON LEGISLATIVE BRANCH

INTERN

APPLICATION

Legislative Administration

Employee Services
900 Court St. NE, Room 140-B
Salem, Oregon 97301
Phone: 503-986-1373
Fax: 503-986-1684
Job Line: 503-986-1375
<http://www.leg.state.or.us>

GENERAL INFORMATION

- **Your application must be signed or it will not be considered. If you submit your application via email, you may sign your application at the time of your interview.**
- You must apply for a specific position.
- Your application will be considered active for this position, and may be considered for other positions.
- Read the job announcement carefully before you apply. Announcements contain specific instructions and requirements. It is your responsibility to submit all the required application materials.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable, with original signatures.
- Resumes will not be accepted in lieu of the employment application form unless stated in specific recruitment.
- The Legislature cannot be responsible for material that is illegible or missing as a result of transmitting by fax or which may be lost through the mail.
- **You may be required to verify education and/or self employment information.**

Call our JOBLINE for current job openings, 24 hours a day, 7 days a week. Salem- (503)986-1375, TTY - (503)986-1374.

PERSONS WITH DISABILITIES

If you are an applicant with disabilities and need assistance in the application or interview process, please contact Employee Services at 986-1373/TTY986-1374.

Proof of Authorization to work in the United States: The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, state agencies at the time of hire or no later than three business days after date of hire.

EQUAL EMPLOYMENT OPPORTUNITY

This information is voluntary. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs.

The State of Oregon is an equal opportunities and affirmative action employer.

AFFIRMATIVE ACTION (VOLUNTARY--Please click on, or place an "x" in, the appropriate boxes.)

Gender: Male Female

Ethnicity (read definitions and click on one)

(A) (B) (H) (I) (P) (W) (O)

ETHNIC DEFINITIONS:

- A) Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- B) Black: African American, Negro
- H) Hispanic: Spanish, Latino, Mexican, Mexican American, Chicano, Puerto Rican, Cuban
- I) Indian: American Indian, Alaska Native
- P) Pacific Islander: Native Hawaiian, Guamanian, Chamorro, Samoan, Other Pacific Islander
- W) White
- O) Other

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OREGON LEGISLATIVE BRANCH

Legislative Intern APPLICATION

Working For:

THIS ENTIRE FORM MUST BE PRINTED IN INK OR TYPED-(APPLICATION INFORMATION ON PAGE 2)

Print Name:	First	M.I.	Last	Other Last Names Used
Mailing Address:				Position Applied for:
City, State, Zip Code:				
Residence Phone:	Cell Phone:		Email address:	
Political Party:	<input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Independent			Will you receive academic credit from your school for this internship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate dates you are available for internship:				Special Knowledge/ Skills (i.e. second language):
From: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday				
To: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
Times available:				How did you hear about the Legislative Internship Program?

ACADEMIC INFORMATION

College/University you are attending:				
Academic standing as of January 2011:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Academic Major(s):				GPA:

ISSUES OF INTEREST

(check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture & Forestry | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Business & Consumer Affairs | <input type="checkbox"/> Judiciary | <input type="checkbox"/> Trade & Economic Development |
| <input type="checkbox"/> Children's Issues | <input type="checkbox"/> Labor | <input type="checkbox"/> Transportation Issues |
| <input type="checkbox"/> Education | <input type="checkbox"/> Land Use Planning | <input type="checkbox"/> Water Policies |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Natural Resource Management | <input type="checkbox"/> I authorize Employee Services to release my application to parties interested in hiring me as an intern, including lobbyists. |
| <input type="checkbox"/> Housing & Urban Affairs | <input type="checkbox"/> Revenue & Finance | |

RELEVANT WORK EXPERIENCE

Organization:	Organization:
Position:	Position:
Dates Employed: to	Dates Employed: to
Duties:	Duties:

RELEVANT VOLUNTEER/COMMUNITY ACTIVITES

Organization:	Organization:
Position:	Position:
Dates Employed: to	Dates Employed: to
Duties:	Duties:

PROFESSIONAL/ ACADEMIC REFERENCES

Name/Title	Address/Telephone Number
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LEGISLATIVE EMPLOYMENT HISTORY

	Year	Position	Supervisor
Oregon			
Other			

This information is not confidential, except as otherwise provided by law.

Interns serve at the pleasure of the presiding officer and shall conduct themselves in a professional manner at all times. Failure to complete the internship or dismissal from the internship may result in a failing grade/or no class credit.

I certify that all entries on this application form and attachments are true and complete and I agree and understand that any falsification of information, regardless of the time of discovery, may cause forfeiture on my part to any participation in the intern program. I understand that information on this application form or in attachments is subject to verification and I consent to references, former employers and educational institutions listed being contacted regarding this application. I further authorize the Oregon Legislature to rely upon and use, as it sees fit, any information received from those contacts.

I give permission for you to obtain my official transcripts, if needed.

Unsigned applications will not be considered.

Signature of Applicant

Date

Please mail, fax or email completed form to:

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