

# EMPLOYMENT APPLICATION FORM FOR THE OFFICE OF \_\_\_\_\_

It is important that all information you provide on this application is complete and accurate. Your failure to give complete, accurate answers could be grounds for not hiring you or firing you after you begin.

## GENERAL INFORMATION

1. Name: \_\_\_\_\_  
Last
First
Middle

2. Home Address: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

4. Do you meet one of the requirements set forth in the below box? Yes \_\_\_\_\_ No \_\_\_\_\_

Pursuant to federal law, an individual may not be hired for a paid Senate position in the continental United States unless the individual meets one of the following criteria:

- A. is a United States citizen;
- B. is lawfully admitted for permanent residence and is seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B);
- C. is (i) admitted as a refugee under 8 U.S.C. § 1157 or is granted asylum under 8 U.S.C. § 1158 and (ii) has filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; or
- D. owes allegiance to the United States. (**Note:** To meet this requirement, an individual must be (1) a non-citizen U.S. national born in or having ties to American Samoa or Swains Island (as outlined in 8 U.S.C. § 1408), or (2) a non-citizen U.S. national pursuant to section 302 of Public Law 94-241 (relating to the Commonwealth of the Northern Mariana Islands)).

5. Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

6. Availability: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Summer \_\_\_\_\_

7. Date Available for Work: \_\_\_\_\_

8. Have you ever applied for a job with our office before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, give date and brief description of outcome.

DATE	OUTCOME

9. Have you ever been employed by our office before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, give dates of employment and position.

DATES OF EMPLOYMENT	POSITION

10. Have you ever been employed by a congressional office other than ours? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, give dates of employment and name of office.

DATES OF EMPLOYMENT	NAME OF OFFICE

### EMPLOYMENT EXPERIENCE

11. (a) List most recent job first, etc. You must account for all periods of unemployment.  
 [Note: You may attach additional pages if necessary.]
- (b) If currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_ Not Yet \_\_\_\_

<b>Name of Present or Most Recent Employer</b>	<b>From Month/Year</b>	<b>To Month/Year</b>
<b>Full Address and Telephone Number</b>		
<b>Your Position</b>	<b>Name and Title of Your Immediate Supervisor</b>	
<b>Duties &amp; Responsibilities</b>	<b>Current Salary/Salary at Leaving</b>	
<b>If you are no longer employed, reason for leaving</b>		
<b>Next Previous Employer</b>	<b>From Month/Year</b>	<b>To Month/Year</b>
<b>Full Address and Telephone Number</b>		
<b>Your Position</b>	<b>Name and Title of Your Immediate Supervisor</b>	
<b>Duties &amp; Responsibilities</b>	<b>Salary at Leaving</b>	
<b>Reason for Leaving</b>		

Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position	Name and Title of Your Immediate Supervisor	
Duties & Responsibilities	Salary at Leaving	
Reason for Leaving		
Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position	Name and Title of Your Immediate Supervisor	
Duties & Responsibilities	Salary at Leaving	
Reason for Leaving		

## EDUCATION AND TRAINING

12. Please list your educational background.

LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	GRADUATE?		DIPLOMA OR DEGREE RECEIVED
			Yes	No	
High School					
College					
Professional or Vocational					
Other Training (If relevant, including skills obtained during military service.)					

## SKILLS AND ACCOMPLISHMENTS

13. List the title and year of any job-related honors or awards you have received.

HONOR/AWARD	YEAR RECEIVED

14. List any job-related qualifications or skills (*e.g.*, skills with computers, public speaking experience and writing experience).

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15. List any job-related licenses or certificates you have obtained.

LICENSE/CERTIFICATE	DATE OF LAST LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AGENCY

16. If you have ever been granted a security clearance by any governmental agency, indicate level of clearance, when granted, and by whom.

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<p><b>INSTRUCTIONS FOR QUESTIONS 17-23 (next page)</b></p> <p>If you answer “Yes” to any of the questions below, provide your explanation(s) in item 24. A “Yes” answer <b>will not necessarily disqualify you for employment.</b></p> <p>For questions 18-22, <b>include</b> convictions resulting from a plea of nolo contendere (no contest). For questions 18-22, <b>omit:</b> (a) traffic fines of \$100.00 or less; (b) any conviction set aside under the Federal Youth Corrections Act or similar state law; and (c) any conviction whose record was expunged under federal or state law.</p>		
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	YES	NO
17. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?		
18. Have you ever been convicted of, or forfeited collateral for, a felony violation? Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under state law which are punishable by imprisonment of two years or less.		
19. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?		
20. Are you now under charges for any violation of law?		
21. During the last 10 years, have you been convicted, forfeited collateral, been imprisoned, been on probation or been on parole? Do not include violations reported in 18, 19 or 20, above.		
22. Have you ever been convicted by a military court-martial?		
23. Have you ever had a security clearance suspended, denied or revoked?		

24. If you answered "Yes" to question 17, explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address. (Use the box on the following page.)

If you answered "Yes" to question(s) 18-22, explain each violation and give the date, place of occurrence and the name/address of the police or the court involved. (Use the box on the following page.)

[Note: If you attach additional pages please include the item number.]

If you answered "Yes" to question 23, explain the reason(s) for the suspension, denial or revocation, the date of the suspension, denial or revocation, and governmental entity that suspended, denied or revoked the security clearance.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address		
			Name of Employer, Police or Court	City	State

## REFERENCES

Please list three employer references.

NAME	TELEPHONE & ADDRESS	OCCUPATION	YEARS KNOWN

# STATEMENT OF EQUAL EMPLOYMENT POLICY

The Office of Senator Heinrich is an equal employment opportunity employer in accordance with the requirements of Senate rules and regulations and applicable federal laws.

## PARTICIPATION IN E-VERIFY PROGRAM

The law requires this office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are hired by our Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

## CERTIFICATION, RELEASE AND SIGNATURE

**I certify** that all of the information I have supplied on this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001).

I understand that any information I give may be investigated and that the Office of Senator Heinrich reserves the right to conduct a background check, which may include a reference check, searches conducted on the Internet, and/or a criminal background check. **I consent** to such a background check and to the release of information about my ability and fitness for employment with the Office of Senator Heinrich by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Office of Senator Heinrich. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

If employed and in consideration of my employment, **I agree** to conform to the rules and regulations of the United States Senate and the Office of Senator Heinrich. My employment may be terminated with or without cause and with or without notice, at any time, at the option of either the Office or me. I understand that no representative of the Office of Senator Heinrich, except the Chief of Staff, 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 Chief of Staff and me must be in writing.

**I understand that employees of the Office of Senator Heinrich are at-will employees. Nothing in this application alters an employee's at-will status.**

I have read and understand all of the above.

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Applicant's Signature

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Date (month, day, year)