

**LEGISLATIVE FISCAL OFFICE (LFO)  
APPLICATION FOR EMPLOYMENT**

Today's Date: \_\_\_\_\_

**General Information - print**

Name (Last)	(First)	(Middle)
Address (Mailing)	City	State, Zip
Email Address	Home Phone	Cell Phone

Type of Employment Sought ( <i>check one</i> ): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<i>Position of Interest – check all that apply</i>			
Receptionist		Fiscal Analyst	
Secretary		Economist	
Student Worker		Other (Please list):	

Salary Desired:	Date Available:
Have you worked for the LFO before?    YES    NO	If yes, when/how long?
Previous Job Title:	Reason for Leaving:
Are you a retiree from State service?    YES    NO	If yes, when and where did you retire?
Do you have any relatives who are members of the Legislature or employed by the LFO?    YES    NO	If yes, please specify:
Are you 18 years or older?    YES    NO	How were you referred to the LFO?

**License and Certification**

Are you a current active member of the Louisiana Bar?    YES    NO	
If yes, provide Bar No. _____	
Other current License/Certification(s):	

## WORK EXPERIENCE

*(Most Recent First)*

Employer	From (Month/Year)	To (Month/Year)
Address	City	State/Zip
Phone	Job Title	Salary
Job Duties		Hours Per Week
		Supervisor
Reason for Leaving		May we contact them? YES NO

Employer	From (Month/Year)	To (Month/Year)
Address	City	State/Zip
Phone	Job Title	Salary
Job Duties		Hours Per Week
		Supervisor
Reason for Leaving		May we contact them? YES NO

Employer	From (Month/Year)	To (Month/Year)
Address	City	State/Zip
Phone	Job Title	Salary
Job Duties		Hours Per Week
		Supervisor
Reason for Leaving		May we contact them? YES NO

Employer	From (Month/Year)	To (Month/Year)
Address	City	State/Zip
Phone	Job Title	Salary
Job Duties		Hours Per Week
		Supervisor
Reason for Leaving		May we contact them? YES NO

***Other special knowledge, skills, qualifications that relate to the job for which you have applied:***

## EDUCATION and TRAINING

### High School

Name and Location	Number of years completed	General Education or Field of Study	Degree, Diploma, License or Certificate (list type and date)
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### Business/Professional Training other than College

Name	Location	No. of Years	Total Hours Credited	Courses or Subjects Taken	Certification Received
					YES NO
					If yes, what type:

### College or University

Name	Location	No. of Years	Total Hours Credited	Major	Minor	Degree Received
						YES NO
						If yes, what type:

### Graduate Level College or University

Name	Location	No. of Years	Total Hours Credited	Major	Minor	Degree Received
						YES NO
						If yes, what type:

### Law School *(if applicable)*

Name and Location	No. of Years	Dates Attended (Mo/Yr)
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### U.S. Military Service *(if applicable)*

Branch of Service:	From:	To:
Rank and Type of Service:	Training/Experience Received:	

## OTHER INFORMATION

Please list any additional information that relates to your ability to perform the job for which you have applied, including professional memberships, etc.

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Are you willing and able to travel within the state for purposes of meeting with committees if the position for which you are applying requires such travel? YES \_\_\_\_\_ NO \_\_\_\_\_

During legislative sessions, staff may work overtime, the hours and days depending largely upon when the Senate meets. Are you willing and able to do so? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been discharged or forced to resign from any position? YES \_\_\_\_\_ NO \_\_\_\_\_

May inquiry be made of your present (or most recent) employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you prefer that we check with you before contacting your references? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently employed by any state entity? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes," please explain: \_\_\_\_\_

Do you currently hold a public office or position? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes," describe the nature of the office or position: \_\_\_\_\_

**Business/Professional References (Do Not Include Relatives)**

Name	Address	Telephone #	Email	Professional Relationship

## APPLICANT'S STATEMENT

I authorize the LFO or its designees to investigate all statements contained in this application. I also authorize and request any and all former employers (except as specified above) and any other persons, firm, or corporation to furnish any and all information requested by the LFO concerning my job performance, suitability for employment, job qualifications, and personal background; and I hereby release each such employer or other person, firm, or corporation from any and all liability by reason of furnishing the requested information. In addition, if I should be employed by the LFO, I expressly authorize the LFO to release information about my job performance, job qualifications, and suitability for employment to any person who may request such information either during my employment or after my employment terminates, and I expressly release the LFO from any liability for disclosing such information.

I understand that the LFO follows an "employment at will" policy, in that I or the LFO may terminate my employment at any time, or for any reason with or without cause, consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity.

I understand that any misrepresentation or omission of fact contained in this application is cause for my rejection or immediate dismissal if I should become employed. I also understand and agree that, if I should become employed, my employment with the LFO is for no definite time period and may be terminated at any time. Finally, I understand that the completion of this employment application does not indicate that there are positions available and does not obligate the LFO to offer me a position if positions are available.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that the information provided is true and accurate.

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Print

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Signature

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Date

**RETURN THIS APPLICATION TO:**

**Legislative Fiscal Office  
Attn: Legislative Fiscal Officer  
P.O. Box 44097  
Baton Rouge, LA 70804  
Fax: (225) 342-7243**

**Email: [Keatonc@legis.la.gov](mailto:Keatonc@legis.la.gov)**

*Revised 2020*