

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

General Information

Today's Date: _____

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

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

Salary Desired:	Date Available:
Have you worked for the LFO before? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, when/how long?
Previous Job Title:	Reason for Leaving:
Are you a retiree from State Service? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, when/where did you retire from?
Do you have any relatives who are members of the Legislature or employed by the LFO? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please specify:
Are you 18 years or older? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	How were you referred to the LFO?
Are you legally eligible for employment in the United States? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

License and Certifications

Are you a current active member of the Louisiana Bar? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>

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: <input type="checkbox"/> No: <input type="checkbox"/>

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: <input type="checkbox"/> No: <input type="checkbox"/>

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: <input type="checkbox"/> No: <input type="checkbox"/>

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

EDUCATION and TRAINING

High School

Name:	Location:
Number of Years Completed:	General Education <input type="checkbox"/> or Field of Study: _____
Degree <input type="checkbox"/> Diploma <input type="checkbox"/> License <input type="checkbox"/> or Certificate <input type="checkbox"/>	Date: _____ Type, if applicable: _____

Business/Professional Training other than College

Name:	Location:	
Number of Years Completed:	Total Hours Credited: _____	Certification Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Certification:		
Relevant Courses or Subjects Taken:		

College or University

Name:	Location:	
Number of Years Completed:	Total Hours Credited: _____	Degree Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Degree:		
Major:	Minor:	
Relevant Courses or Subjects Taken:		

Graduate Level College or University

Name:	Location:	
Number of Years Completed:	Total Hours Credited: _____	Degree Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Degree:		
Major:	Minor:	
Relevant Courses or Subjects Taken:		

Law School (if applicable)

Name:	Location:	
Dates Attended:	Number of Years: _____	Degree Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Degree:		

U.S. Military Service (if applicable)

Branch of Service:	Rank and Type of Service:
From:	To:
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.

Are you willing and able to travel within the state for purposes of meeting with committees and/or stakeholders 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 legislature 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, please describe the nature of the office or position: _____

Business/Professional References (Do Not Include Relatives)

Name	Address	Telephone Number	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.

Print

Signature

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: Feigleyr@legis.la.gov

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