



APPLICATION FOR HOUSE PAGE

ARIZONA HOUSE OF REPRESENTATIVES
1700 WEST WASHINGTON STREET
PHOENIX, ARIZONA 85007-2890

PERSONAL INFORMATION

APPLICATION DATE: _____

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PRIMARY PHONE: _____ SECONDARY PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU AVAILABLE TO WORK LATE HOURS WHEN REQUIRED? _____

HAVE YOU SERVED IN THE MILITARY SERVICE? _____

DO YOU HAVE A VALID ARIZONA DRIVER'S LICENSE? _____ HAS IT EVER BEEN SUSPENDED/REVOKED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ SPECIFY: _____

LIST LANGUAGES YOU SPEAK FLUENTLY OTHER THAN ENGLISH? _____

PLEASE INDICATE THE POSITION/S FOR WHICH YOU ARE APPLYING.

FULL TIME

PART TIME

IF PART TIME, PLEASE CHECK THE DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES (NOT RELATIVES OR EMPLOYERS), TWO OF WHOM ARE ARIZONA RESIDENTS WHO HAVE KNOWN YOU WELL DURING THE PAST YEAR.

NAME AND ADDRESS	TELEPHONE	OCCUPATION

(APPLICANTS SHOULD COMPLETE BACK PAGE)

EDUCATION

NAME OF SCHOOL AND LOCATION	DATES/FROM-TO	GRADUATED?

PLEASE LIST COLLEGE CREDITS, DEGREES, PROFESSIONAL LICENSES, AND ACTIVITIES (HOBBIES, CLUBS, AWARDS, ETC.).

HOW DID YOU HEAR ABOUT THE ARIZONA HOUSE PAGE PROGRAM? _____

NOTE: APPLICANTS MAY ALSO ATTACH A RESUME (OPTIONAL, BUT RECOMMENDED) TO THIS APPLICATION.

LIST EMPLOYMENT RECORD CHRONOLOGICALLY BEGINNING WITH MOST RECENT. GIVE COMPLETE AND FULL ADDRESS AND TELEPHONE NUMBER. PLEASE COMPLETE SECTION EVEN IF YOU ARE ALSO SUBMITTING A RESUME.

PLEASE PRINT DATES/ FROM-TO	EMPLOYER, JOB TITLE & ADDRESS	TELEPHONE NUMBER

APPLICANT SIGNATURE

**PLEASE MAIL COMPLETED APPLICATIONS TO:
 LEAD PAGE, ARIZONA HOUSE OF REPRESENTATIVES SUBMIT BY
 POSTAL MAIL OR EMAIL: hpages@azleg.gov**