

**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.oregonlegislature.gov>

## 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
- 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

Legislative  
Administration

Employee Services  
900 Court Street NE RM 140-B  
Salem, Oregon 97301  
(503) 986-1373  
Fax (503) 986-1684

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:                    | <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 |
|------------|--------------------------|

**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:

**Employee Services**  
900 Court St. NE, Room 140-B  
Salem, Oregon 97301  
Phone: 503-986-1373  
Fax: 503-986-1684

**AUTHORIZED LEGISLATIVE INTERN  
PARTIAL WAIVER & RELEASE OF RIGHTS  
UNDER THE OREGON TORT CLAIMS ACT  
ORS 30.260-300**

*Please return this form to Employee Services before beginning work in the State Capitol.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

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In case of emergency, please notify:

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**STATE OF OREGON  
CONDITIONS OF VOLUNTEER SERVICE**

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

**TORT LIABILITY:** You will be protected from civil liability for injuries or damages to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

**MOTOR VEHICLE LIABILITY:** If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage would apply on a limited basis only after your primary coverage limits have been used.

(See reverse side)

**VOLUNTEER INJURY COVERAGE:** Worker's compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, and death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

**REPORTING RESPONSIBILITY:** Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform *Employee Services- Legislative Administration* as soon as possible.

As authorized state volunteer performing activities on behalf of the State of Oregon Legislative Administration, I understand that the State of Oregon will provide limited medical and accidental death dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Please return this form to:* EMPLOYEE SERVICES  
900 Court ST. NE Rm. #140B  
Salem, OR 97301**