

**TEXAS HOUSE OF REPRESENTATIVES
PERSONNEL ACTION REQUEST (PAR)**

1 **EMPLOYEE NAME:** Ashiha Parker **LAST 4 OF SSN:** _____

2 **OFFICE:**
Member/Committee/Department: Representative John Bucy Acct. # 5878

3 **ACTION:**

| | |
|--|---|
| <input type="checkbox"/> Hire | <input type="checkbox"/> Time Schedule Change |
| <input type="checkbox"/> Inter-Agency Transfer In/Out _____ (Agency Name) | <input type="checkbox"/> Hours Docked |
| <input type="checkbox"/> Termination <input type="checkbox"/> Retire | <input type="checkbox"/> Leave Without Pay (LWOP) |
| <input type="checkbox"/> Salary Change <input type="checkbox"/> Increase <input type="checkbox"/> Decrease | LWOP Start Date _____ |
| <input type="checkbox"/> Account Change To: _____ From: _____ | LWOP Return Date _____ |
| | Explanation/Notes: _____ |

Effective Date: 09/01/2023

*For terminations enter the last day to be paid

4 **EMPLOYEE STATUS:** *For a list of acceptable job titles, please refer to the Housekeeping Resolution (HR 3).*

Title: _____

Monthly Salary: _____

Employee Type: ☐ Full Time ☐ Session Employee ☐ District
☐ Part Time (_____ Hours/Week) ☐ Regular Employee ☐ Capitol
☐ Other _____

5 **COMPLETE THE FOLLOWING IF PAID FROM TWO ACCOUNTS:**

| | | |
|------------------|------------|----------------|
| _____ | _____ | \$ _____ |
| Member/Committee | Hours/Week | Monthly Salary |

| | | |
|------------------|------------|----------------|
| _____ | _____ | \$ _____ |
| Member/Committee | Hours/Week | Monthly Salary |

6 **SIGNATURE:** *Must be an original signature. House Policy requires signature of the Member, Executive Director, or Department Manager. Member may be contacted to verify changes.*

Signature: X _____ **Date:** _____
(Member, Executive Director, or Department Manager Signature Required)

HOUSE BUSINESS OFFICE USE ONLY

Salary Change Reason: Longevity Increase 09/01/2023

Longevity Amount: \$ 20 Annual Leave: _____ Other: _____

FOR PAYROLL/PERSONNEL USE ONLY

Processed Date: 10.3.23 Position Number: _____

Processed By: P. G. M.

Reviewed By: _____ Reason Code: _____

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2022**

| | | | |
|---|---|----------------------------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial Ashika L | Last name Parker | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

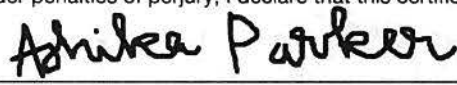
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

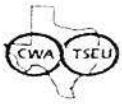
Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ | | |
| | Add the amounts above and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ |

| | | | |
|------------------------------------|--|--------------------------|--------------------------------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| |  Ashika Parker Employee's signature (This form is not valid unless you sign it.) | | 12/23/22 Date |
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

CHECKED MAR 01 2023

12/23/22
12/23/22



TEXAS STATE EMPLOYEES UNION / CWA

627 Radam Lane, Austin, Texas 78745

(512) 448-4225



T.I.N. No. 15102561097-001

COPY

SECTION A: AGENCY USE ONLY

| AGENCY NAME | AGENCY# | UNIT# | FIRST ACTIVE DUTY DATE |
|---------------------|---------|-------|------------------------|
| Texas House of Reps | 102 | | |

SECTION B: EMPLOYEE INFORMATION

| | | | |
|---------------------------------------|---|--------------------|--|
| SOCIAL SECURITY # | NAME (LAST, FIRST, MI) Gangmy, Ashika, L Parker | | |
| EMPLOYEE ID # | E-MAIL ADDRESS (SUITABLE FOR RECEIVING TSEU CORRESPONDENCE) | | |
| HOME STREET ADDRESS | | CITY / STATE / ZIP | |
| HOME PHONE () | WORK PHONE () | CELL PHONE () | |
| AGENCY / UNIV. Texas House of Reps | FACILITY / LOCATION Texas Capitol | | |
| PROG / DEPT / UNIT Rep Bucy | JOB TITLE Leg Director | WORK HOURS | |



☒ N

☐ UPG

☐ RR

ORG: FILE

SECTION C: MEMBERSHIP AND AUTHORIZATION

Membership dues and effective date of payroll deduction: the 1st day of Sep, 2023
(MONTH)

- ☐ \$17.00 salary below \$20,000 ☐ \$21.00 salary \$20,000-\$25,000 ☐ \$25.00 salary \$25,000-\$30,000
☐ \$28.00 salary \$30,000-\$40,000 ☐ \$30.00 salary \$40,000-\$50,000 ☐ \$32.00 salary over \$50,000
☐ \$13.00 part time ☐ other - \$ _____

AUTHORIZATION: I understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand that I may change or cancel this authorization at any time by providing written notice to my employer. I voluntarily authorize a monthly payroll deduction in the amount shown above from my salary or wages for membership fees to the state employee organization listed above and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, social security number, personal contact information, and the amount of my payroll deduction for membership fees may be provided to the state employee organization listed above only for the purpose of informing the state employee organization about the payroll deduction.

Ashika Gangmy
SIGNATURE

08/14/23
DATE

I agree to comply with the rules adopted by the Comptroller concerning deductions for dues and will submit this application to HR to establish the deduction and provide a copy to TSEU.

RECEIVED

AUG 17 2023

PERSONNEL



TEXAS HOUSE OF REPRESENTATIVES



Prior State Employment

Social Security No.: _____

Name: Parker, Ashika L

(Last)

(First)

(Initial)

Please indicate below whether you have previously been employed by a state agency or state institution of higher education.

State Employment History (Including Higher Education)

☐ None, I have not previously been employed by a state agency or state higher education institution.

| <u>Name of Agency or University</u> | <u>Location</u> | <u>Start Date</u> | <u>End Date</u> |
|-------------------------------------|-----------------|-------------------|-----------------|
| University of Texas | Austin, TX | 08/2021 | 12/2022 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever retired from state government? If so, please list the agency and your retirement date.

☒ No, I have not previously retired from state government.

| <u>Name of Agency or University</u> | <u>Date of Retirement</u> |
|-------------------------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |

I certify that the above information is correct. My signature also allows other state agencies to release information pertaining to dates of employment, salary, leave balances, etc.

Ashika Parker

Employee Signature

12/29/2022

Date

ORIGINAL

TEXAS HOUSE OF REPRESENTATIVES
PERSONNEL ACTION REQUEST (PAR)

1 EMPLOYEE NAME: Ashika Lekha Parker LAST 4 OF SSN: _____

2 OFFICE:
Member/Committee/Department: John H. Bucy III Acct. # 5878

3 ACTION:

| | |
|--|---|
| <input checked="" type="checkbox"/> Hire | <input type="checkbox"/> Time Schedule Change |
| <input type="checkbox"/> Inter-Agency Transfer In/Out _____ (Agency Name) | <input type="checkbox"/> Hours Docked |
| <input type="checkbox"/> Termination <input type="checkbox"/> Retire | <input type="checkbox"/> Leave Without Pay (LWOP) |
| <input type="checkbox"/> Salary Change <input type="checkbox"/> Increase <input type="checkbox"/> Decrease | LWOP Start Date _____ |
| <input type="checkbox"/> Account Change To: _____ From: _____ | LWOP Return Date _____ |
| | Explanation/Notes: |

Effective Date: 01/01/2023

*For terminations enter the last day to be paid

4 EMPLOYEE STATUS: For a list of acceptable job titles, please refer to the Housekeeping Resolution (HR 3).

Title: Legislative Director

Monthly Salary: \$ 3,750.00

Employee Type: ☒ Full Time ☐ Session Employee ☐ District
☐ Part Time (_____ Hours/Week) ☒ Regular Employee ☒ Capitol
☐ Other _____

5 COMPLETE THE FOLLOWING IF PAID FROM TWO ACCOUNTS:

| | | |
|------------------------|------------------|----------------------------|
| Member/Committee _____ | Hours/Week _____ | \$ _____ Monthly Salary |
| Member/Committee _____ | Hours/Week _____ | \$ _____ Monthly Salary |

6 SIGNATURE: Must be an original signature. House Policy requires signature of the Member, Executive Director, or Department Manager. Member may be contacted to verify changes.

Signature: X [Signature] Date: 12/22/2022
(Member, Executive Director, or Department Manager Signature Required)

HOUSE BUSINESS OFFICE USE ONLY

Salary Change Reason: _____
Longevity Amount: \$ _____ Annual Leave: _____ Other: RECEIVED

DEC 22 2022

FOR PAYROLL/PERSONNEL USE ONLY

Processed Date: 01/05/23 Position Number: 00064600 PERSONNEL
Processed By: RTM
Reviewed By: _____ Reason Code: HIR-010



TEXAS HOUSE OF REPRESENTATIVES

STATE EMPLOYMENT VERIFICATION

Phone: (512)463-0865 Fax: (512)463-8132

☐

CAPPS AGENCY

☐

NON-CAPPS AGENCY

Employee Information

Employee Name: Ashika Parker Employee SSN: _____

Prior State Service Verification

Approximate Dates of Service: 8-21 to 12-22

Actual Dates of Service: From: _____ To: _____ LWOP Calendar Months: _____

From: _____ To: _____ LWOP Calendar Months: _____

From: _____ To: _____ LWOP Calendar Months: _____

From: _____ To: _____ LWOP Calendar Months: _____

Has prior state service been verified for this employee? If yes, please provide copies. ☐ Yes ☐ No

Leave Information

Annual leave balance: _____ Sick leave balance: _____ Military leave: _____

CURRENT FISCAL YEAR

Annual leave accrual rate: _____ Balance(s) transferred through the month of: _____

Payroll Information

Year-to-date gross wages _____ Year-to-date BRP paid _____

Year-to-date OASDI taxable wages _____ Employee _____ Employer _____

Year-to-date OASDI tax withheld _____ Employee _____ Employer _____

Year-to-date MED(HI) taxable wages _____ Employee _____ Employer _____

Year-to-date MED(HI) tax withheld _____ Employee _____ Employer _____

Contact Information

Agency name: UT Austin Agency number: _____

Printed name: _____ Title: _____

Phone number: _____ Email address: _____

Signature: _____ Date: _____

Texas

USA
TX

DRIVER LICENSE



License # 2019-00000000



4d DL

9 Class **C**

4a Iss **02/11/2019**

4b Exp

3 DOB

1 **PARKER**

2 **ASHIKA LEKHA**

8

12 Restrictions **A**

9a End **NONE**

16 Hgt **5'-03"**

15 Sex **F**

18 Eyes

GRN



5

Ashika Parker

his stub with your personal records. The other side contains important
ation.

note: The date we issued this card is shown below the signature line.



ASHIKA LEKHA PARKER

ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job,
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.

DO NOT CARRY THIS CARD WITH YOU.

Do not laminate.



Texas House of Representatives
Address and Information Disclosure Form

Instructions

The information requested below is necessary and will become part of your personnel records. To report a change, please complete only the changed sections.

- Check one:
- ☒ New Employee
 - ☐ Update Information
 - ☐ Name Change

Employee Information

Employee Name (Last, First, Middle)

Parker, Ashika L

Home Address (Include Apt. #)

City, State, and Zip

Phone Number

Social Security Number

Emergency Contact Information

Emergency Contact Person's Name

Relationship (i.e., spouse)

Address

City, State, and Zip

Phone Number

Disclosure of Certain Employee Information

The Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate by checking the appropriate column below whether you wish to allow public release of the following information.

Indicate whether you wish to allow public release of the following information.

No = Do Not Allow Public Release Yes = Allow Public Release

| | Public Access? | |
|--|-------------------------------------|-----|
| | No | Yes |
| Home Address | <input checked="" type="checkbox"/> | |
| Home Telephone Number | <input checked="" type="checkbox"/> | |
| Social Security Number | <input checked="" type="checkbox"/> | |
| Information that reveals whether you have family members | <input checked="" type="checkbox"/> | |
| Emergency Contact Information | <input checked="" type="checkbox"/> | |

Ashika Parker

Employee Signature

12/29/2022

Date



TEXAS HOUSE OF REPRESENTATIVES

New Employee Data



Name: Parker, Ashika L Driver's Lic. #: _____
(Last) (First) (Initial)

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

General Information Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy): _____

Marital Status: ☒ Single ☐ Married Name of Spouse: _____

Race/Ethnicity: Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

☐ White ☐ Asian ☒ Two or More Races
☐ Black or African-American ☐ American Indian or Alaskan Native
☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander

Veteran Status

Veteran: ☐ Yes ☒ No Spouse of Veteran: ☐ Yes ☒ No Orphan of Veteran: ☐ Yes ☒ No

If you are Veteran, please complete information below:

Date of enlistment: _____ Date of discharge: _____

(It is only necessary to provide information for one qualifying period.)

Indicate the branches in which you served:

☐ U.S. Army ☐ U.S. Air Force ☐ U.S. Coast Guard ☐ U.S. Navy ☐ U.S. Marines

If you served in the auxiliary services, provide name: _____

Were you honorably discharged? ☐ Yes ☐ No

OPTIONAL: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? ☐ Yes ☐ No.

Ashika Parker

12/29/2022

Employee Signature

Date

The information requested on this form is collected for the purpose of reporting to state and federal agencies.

Thanks for your help and cooperation

Workers' Compensation Network Acknowledgement

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network.
2. I may ask my HMO primary care physician to agree to serve as my treating doctor.
3. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
4. The insurance carrier will pay the treating doctor and other network providers.
5. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.



(Signature)

12/29/2022

(Date)

Ashika Parker

(Printed Name)

TEXAS HOUSE OF REPRESENTATIVES
Acknowledgment and Receipt

I, Ashika L Parker, affirm the following:
(print name)

1. I acknowledge receipt of the House of Representatives Personnel Manual on Policies and Procedures and understand that it is not a contract of employment and the information provided may need to be changed by the House from time to time. In lieu of a hard copy, I understand the Personnel Manual on Policies and Procedures has been made available online to each employee on the House Administration website.
2. I acknowledge that the Committee on House Administration has given me a copy of the following:
 - Nepotism
 - Subchapter L. Property Accounting, Government Code, Sec. 403.271-Sec. 403.278
3. I am not related within the third degree by consanguinity (blood relationship) or second degree by affinity (relationship by marriage) to a member of the legislature (House or Senate), House Business Office or Legislative Operations.
4. I have received a copy of the following sections of the Government Code:
 - Section 556.004, titled *Prohibited Acts of Agencies and Individuals*
 - Section 556.005, titled *Employment of Lobbyist*
 - Section 556.0055, titled *Restrictions on Lobbying Expenditures*
 - Section 556.006, titled *Legislative Lobbying*
 - Section 556.007, titled *Termination of Employment*
 - Section 556.008, titled *Compensation Prohibition*
 - Section 572.051, titled *Standards of Conduct*
5. I have received a copy of *The Employees Retirement System of Texas Summary Notice of Privacy Practices*.
6. I have received a copy of the information regarding Automatic 401(k) Enrollment.
7. I have received information regarding the worker's compensation notice to new employees.
8. I acknowledge that I have received a copy of the Texas House of Representatives Drug Free Workplace Policy, Sexual Harassment Policy, and the Workplace Violence Policy.
 - I acknowledge and agree to complete the required training program on sexual harassment within my first 30 days of employment. Further, I understand the training may be combined with training on other employment related topics such as employment discrimination and workplace violence.
 - I understand that the required training must be completed by the 30th day of employment and every 2 years thereafter at the time specified by the House Payroll/Personnel Department. Failure to complete training within the required timeframe may lead to disciplinary action by the employing authority as appropriate.
 - I also acknowledge that the provisions of these policies are a part of the terms and conditions of my employment and that I agree to abide by them.
9. I fully understand that I must comply with the requirements of these and other policies outlined in the House of Representatives Personnel Manual on Policies and Procedures.

Ashika Parker

Signature

12/29/2022

Date

This signed statement will be placed in the employee's personnel file.



E-Verify Case Number: 2023005215133DG

Report prepared: 01/05/2023

Company Information

Company ID: 841861

Company Name: House of Representatives

Client Company ID: 841861

Client Company Name: House of
Representatives

Employee Information

Name: Ashika Parker

Other Last Names Used: Ganguly

Date of Birth:

U.S. Social Security Number:

Employee's First Day of Employment:
01/01/2023

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number:

Expiration Date:

State: Texas

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Rob Morgan

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

| | | | | | | |
|--|--|--|---------------------------|----------------------------|--|------------------|
| Last Name (Family Name) Parker | | First Name (Given Name) Ashika | | Middle Initial L | Other Last Names Used (if any) Ganguly | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number []-[]-[]-[]-[]-[] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|---|
| <input checked="" type="checkbox"/> 1. A citizen of the United States | <div>QR Code - Section 1 Do Not Write In This Space</div> |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) | |
| Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. | |
| 1. Alien Registration Number/USCIS Number: _____ OR | |
| 2. Form I-94 Admission Number: _____ OR | |
| 3. Foreign Passport Number: _____ Country of Issuance: _____ | |

| | |
|--|---|
| Signature of Employee Ashika Parker | Today's Date (mm/dd/yyyy) 12/29/2022 |
|--|---|

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|------------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|------------------------------|--|--|------------------|---|
| Employee Info from Section 1 | Last Name (Family Name) Parker | First Name (Given Name) Ashika | M.I. L | Citizenship/Immigration Status US Citizen |
|------------------------------|--|--|------------------|---|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--|-----|--|
| Document Title | | Document Title Driver's License | | Document Title Social Security Card |
| Issuing Authority | | Issuing Authority State of Texas | | Issuing Authority US Government - SS Admin |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) NA |
| Document Title | | Additional Information | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | QR Code - Sections 2 & 3 Do Not Write In This Space | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 01/01/2023 (See instructions for exemptions)

| | | | |
|--|--|--|--------------------------|
| Signature of Employer or Authorized Representative <i>Robert Morgan</i> | Today's Date (mm/dd/yyyy) 01/05/2023 | Title of Employer or Authorized Representative HR Specialist | |
| Last Name of Employer or Authorized Representative Morgan | First Name of Employer or Authorized Representative Robert | Employer's Business or Organization Name TX House of Reps | |
| Employer's Business or Organization Address (Street Number and Name) PO Box 2910 | City or Town Austin | State TX | ZIP Code 78768 |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | |
|------------------------------------|-------------------------|----------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

P.O. Box 2910 • Austin, Texas 78768-2910 | House.Personnel@house.texas.gov

The Texas House of Representatives is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, if you require reasonable accommodations during the application process, please call (512) 463-0865.

Date: 12/28/22

1. Full Name Parker Ashika L Last 4 Digits of SSN: _____
(Last) (First) (Initial)

2. Mailing Address: _____
(Street, Apt., City, State, Zip)

3. E-mail Address: _____

4. Home Phone: (_____) _____ Alternate Phone: (_____) _____
Area Code Area Code

5. Type or title of position(s) for which application is made: Legislative Director

6. ☒ Full Time ☐ Part Time

If Part Time show hours available for work.

| | MON. | TUE. | WED. | THU. | FRI. |
|------|------|------|------|------|------|
| A.M. | | | | | |
| P.M. | | | | | |

TOTAL _____

7. What is the earliest work date you will be available? 01/02/23 1/1/23

8. Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes ☒ No
If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.*

9. Are any of your relatives either by blood or by marriage employed by the State, the legislature or holding an elected or appointed State office? ☐ Yes ☒ No If "Yes," complete the following:

| | |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Title _____ | Title _____ |
| Department _____ | Department _____ |
| Relationship _____ | Relationship _____ |

10. Have you had past legislative experience? ☐ Yes ☒ No If "Yes," describe work in space provided at item 18 on this application.

11. Enter the cumulative total of all the time you have worked for the House of Representatives. 0 Years 0 Months

Enter the cumulative total of all time you have worked for a State Agency other than the House. 0 Years 0 Months

12. **Special Training/Skills/Qualifications/Other languages:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware. (Attach additional page if necessary.)
Some spanish
Microsoft Office Suite, Google Drive Suite, Canva

| 13. | Licenses or certificates, if any | Licensing authority | Date of expiration |
|-----|----------------------------------|---------------------|--------------------|
| | | | |
| | | | |
| | | | |

14. EDUCATION LEVEL

| | |
|---|--|
| <p>High School Graduate</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If not High School Graduate, have you obtained some equivalency such as GED?</small></p> <p><small>If yes, give date: _____</small></p> | <p>Last grade completed:</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12</p> <p>School: <u>Westlake High School, Austin, TX, 78745</u></p> <p>(Name, City, State, Zip)</p> |
| <p>Bachelors Degree</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If yes, give date: <u>12/2016</u></small></p> | <p>Number of undergraduate hours completed: _____ hrs.</p> <p>Fields of study:</p> <p>(1) <u>Applied Learning and Development, B.S.</u></p> <p>(2) _____</p> <p>School: <u>University of Texas at Austin, Austin, TX, 78705</u></p> <p>(Name, City, State, Zip)</p> |
| <p>Masters Degree</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If yes, give date: <u>05/2023</u></small></p> | <p>Number of graduate hours completed: <u>27</u> hrs.</p> <p>Fields of study:</p> <p>(1) <u>Educational Policy and Planning, M.Ed.</u></p> <p>(2) _____</p> <p>School: <u>University of Texas at Austin, Austin, TX, 78705</u></p> <p>(Name, City, State, Zip)</p> |
| <p>Doctorate Degree</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><small>If yes, give date: _____</small></p> | <p>Number of graduate hours completed: _____ hrs.</p> <p>Fields of study:</p> <p>(1) _____</p> <p>(2) _____</p> <p>School: _____</p> <p>(Name, City, State, Zip)</p> |

15. Are you now a student? ☐ Yes ☐ No If you are a law student, give expected graduation date: 05/2023

16. BUSINESS AND VOCATIONAL TRAINING

| | |
|--|---|
| <p>Graduate</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Trained in:</p> <p>(1) _____</p> <p>(2) _____</p> <p>School: _____</p> <p>(Name, City, State, Zip)</p> |
| <p>Apprentice Experience</p> | <p>List any other vocations and/or professions in which you have had experience or training.</p> <p>(1) _____ No. years/months: _____</p> <p>(2) _____ No. years/months: _____</p> |

17. MILITARY SERVICE

Are you a veteran? ☐ Yes ☐ No If "Yes," list type of discharge: _____

Dates of services (from/to): _____

Are you a surviving spouse of a veteran who has not remarried? ☐ Yes ☐ No

If "Yes," complete dates of service for veteran (from/to): _____

Are you a surviving orphan of a veteran? ☐ Yes ☐ No

If "Yes," complete dates of service for veteran (from/to): _____

18. EMPLOYMENT RECORD

Beginning with present or last position held, give history for the past four years or last three positions of employment, including military service. May we contact your present employer? ☐ Yes ☐ No

A Name of employer (*firm, organization, etc.*) address (*include Zip Code*) and phone number:
Policy Equity Group

| REQUIRED Dates of employment (MM/YYYY) | | Title of position: | Salary or earnings |
|---|---------|---------------------------------------|--|
| From | To | Research and Policy Intern | Starting: \$ 15 per hr |
| 05/2022 | 08/2022 | | Ending: \$ per |
| Type of Business or Organization | | Name & title of immediate supervisor: | Number of employees supervised by you, if any: |
| Consulting | | | |

Description of duties, responsibilities, accomplishments:

Reason for leaving: _____

B Name of employer (*firm, organization, etc.*) address (*include Zip Code*) and phone number:
University of Texas

| REQUIRED Dates of employment (MM/YYYY) | | Title of position: | Salary or earnings |
|---|---------|---------------------------------------|--|
| From | To | Coordinator | Starting: \$ 55000 per year |
| 08/2021 | 12/2022 | | Ending: \$ per |
| Type of Business or Organization | | Name & title of immediate supervisor: | Number of employees supervised by you, if any: |
| academic | | | |

Description of duties, responsibilities, accomplishments:

Reason for leaving: _____

C Name of employer (*firm, organization, etc.*) address (*include Zip Code*) and phone number:
Austin Independent School District

| REQUIRED Dates of employment (MM/YYYY) | | Title of position: | Salary or earnings |
|---|---------|---------------------------------------|--|
| From | To | Teacher | Starting: \$ 48000 per year |
| 12/2016 | 05/2021 | | Ending: \$ per |
| Type of Business or Organization | | Name & title of immediate supervisor: | Number of employees supervised by you, if any: |
| | | | |

Description of duties, responsibilities, accomplishments:

Reason for leaving: _____

19. List three personal or character references to whom we may refer for information about your character or qualifications. Do not include any present employers or family. Do not include more than one teacher or professor.

| Name | Address or email | Phone number | Occupation |
|------|------------------|--------------|------------|
| 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. |

20. (Optional Question) — If you desire to elaborate on any information that bears on your qualifications or that may be helpful in evaluating your application, use this space for your remarks.

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

21. The information on your application will be kept in our files based on our retention schedule without any further contact from you. Your application will be purged after the retention schedule has been satisfied and you will no longer be considered for employment.
22. I understand this employment application does not constitute an offer of employment or an employment contract. The House is an at-will employer so employees may be terminated by either themselves or the employer at any time for any reason or no reason at all, with or without cause or notice.
23. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
24. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
25. I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be declared ineligible for employment. I authorize any inquiry necessary to acquire information that may have a bearing on my qualifications or background provided such information be disclosed only to those persons responsible for evaluating this application.

Applicant Signature: Ashley Parker **Date** 12/29/2022

PLEASE SIGN YOUR NAME AND BE SURE ALL APPLICABLE QUESTIONS ARE ANSWERED SO THAT YOUR APPLICATION WILL RECEIVE FULL CONSIDERATION.

**A conviction does not constitute an automatic bar to employment, and the seriousness of the crime and date of conviction will be considered.*