


# Instructions for Completing the Florida Legislative Employment Application

The Application for Legislative Employment can be accessed online using any of the latest browsers, and may be typed or hand written. We accept electronic signatures.

- For best results, download and fill out the application and save it in Adobe Reader, as some browsers do not allow for electronic signatures.
- Select the hand tool 
- Position the pointer on a form line or inside a form box. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button or check box. Use your mouse or press Tab to move between form items.
- "Fill in" text fields have character limits. If you need more space, please attach a resume to provide that information.
- This PDF has been extended to enable users with Adobe Acrobat Reader version 11 and greater to save their data with the form to their hard drives. Users with earlier versions of Acrobat Reader can still fill out the form online, but when the form is closed, the information will be erased.
- Either print by clicking the Acrobat *Print* button or prepare for electronic submission.

If you are completing the application within a browser, you may not be able to sign your name electronically. In this case, print the application, sign manually and scan the completed application to the appropriate email, or mail the printed application to the designated mailing address.

Addresses for Submission:

Submit application to the office listed on the job announcement or,

The Florida Legislature Office of Human Resources  
Room 701 Claude Pepper Building 111 W. Madison St.  
Tallahassee, FL 32399-1400  
(850) 488-6803  
FAX (850) 488-0780  
[olshrs@leg.state.fl.us](mailto:olshrs@leg.state.fl.us)

## Equal Opportunity Employer

If an accommodation is needed for disability, please notify the Office of Human Resources



# THE FLORIDA LEGISLATURE EMPLOYMENT APPLICATION



Human Resources  
Suite 701, Claude Pepper Building  
111 W. Madison Street • Tallahassee, Florida 32399-1400  
(850) 488-6803 • FAX (850) 488-0780  
olshrs@leg.state.fl.us

## APPLICANT INFORMATION

NAME (Last, First, Middle)	(Prior)	HOME / CELLULAR TELEPHONE
MAILING ADDRESS		BUSINESS TELEPHONE
CITY, STATE, COUNTY, ZIP		EMAIL ADDRESS
POSITION APPLIED FOR: _____		
DATE AVAILABLE: _____ COUNTY PREFERENCE: _____		

## ACKNOWLEDGMENTS

Please initial each of the three statements below to acknowledge you have read and understand before submitting your application for employment.

### FRS RETIREES

The Florida Legislature is a participating employer in the Florida Retirement System (FRS). Applicants who previously retired or have taken a distribution from the FRS may be reemployed by an FRS employer only after satisfying certain required waiting periods connected with the Investment or Pension Plans. If you have previously retired or taken a distribution from the FRS, please contact the FRS at [1-866-446-9377 (TRS 711)] regarding the waiting periods. \_\_\_\_\_

### OUTSIDE EMPLOYMENT

A candidate hired by the Florida Legislature is required to obtain prior approval for outside employment. If your request for approval is denied, you will have to resign from your outside employment in order to remain employed by the Legislature. \_\_\_\_\_

### EMPLOYMENT RESTRICTIONS

Employees of the Florida Legislature are subject to the provisions of Section 11.26, Florida Statutes. Certain positions within the Legislature may also be subject to the post-employment prohibitions described in Section 112.313(9) which applies employment restrictions for two years after Legislative employment. \_\_\_\_\_

# EDUCATION

**Pursuant to Joint Policy and to verify education, once employed you must submit an official college transcript reflecting the highest level of education and/or coursework completed or conferment of degree to Human Resources.**

INDICATE highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12      GED      College    1 2 3 4 5      Graduate School    1 2 3 4 5

SCHOOL	DID YOU GRADUATE?		NAME AND ADDRESS	MAJOR / MINOR	DEGREE RECEIVED	MONTH/ YEAR GRADUATED	IF NO DEGREE, # OF HRS. EARNED	
	YES	NO					QTR	SEM
High School								
College/ University								
Graduate/ Professional								
Other								

**LICENSES • CERTIFICATIONS • SPECIAL SKILLS**

Please indicate typing, computer/word-processing skills, foreign language proficiency, professional or occupational licensure you currently possess. Please provide a copy of certifications and licensures with the application.

Has any disciplinary action ever been taken against your certificate or license?    YES \_\_\_\_ NO \_\_\_\_

# EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application.

**\*\*All information in this section must be completed. Resumes may be attached to provide additional information but completion of this form is required.\*\***

## Present or Most Recent Employer

If currently employed, may we contact your employer? Yes \_\_\_\_ No \_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

## Next Previous Employer

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

## Next Previous Employer

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

**Next Previous Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR  
Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

**Next Previous Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR  
Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

**Next Previous Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR  
Hours per week: \_\_\_\_\_ Check box if Volunteer work:  Ending Salary: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

## RELATIVES

Please list the names and relationships of relatives\* who are a member of the Legislature, a legislative employee, a lobbyist, a member of the Florida Cabinet or the Governor, a key Cabinet aide, the head of an executive branch department or an appointed secretary or executive director.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

\*"Relative" is defined as: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

## LEGAL HISTORY

A criminal history record check will be conducted prior to hiring.

HAVE YOU EVER BEEN CONVICTED OR PLED NOLO CONTENDERE TO A FELONY OR A FIRST DEGREE MISDEMEANOR? A conviction includes a plea of guilty, a guilty verdict, or finding of guilt, regardless of whether the sentence is imposed or adjudication is withheld. YES \_\_\_\_ NO \_\_\_\_

If "YES", what were the charges?

\_\_\_\_\_  
\_\_\_\_\_

Where were you convicted (city and state)? \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

A "YES" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.].

## REFERENCES

Please list three references excluding relatives and former employers. Include the name, phone number, and email address.

Name	Phone	Email
1.		
2.		
3.		

## EMPLOYMENT ELIGIBILITY

The Florida Legislature hires only U.S. citizens and lawfully authorized alien workers. If hired you will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

Are you legally eligible to work in the United States? YES \_\_\_ NO \_\_\_

## EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee\*\*, or the spouse or child of one, whose information is exempt from public records disclosure under section 119.071(4)(d), Florida Statutes? YES \_\_\_ NO \_\_\_

\*\*Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

## SELECTIVE SERVICE

Section 110,1128, Florida Statutes, prohibits employment by the State (including re-hire after a break in service) of any male born after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the State, this law prohibits the promotion of such person.

IF YOU ARE A MALE BORN AFTER OCTOBER 1, 1962, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES \_\_\_ NO \_\_\_ Not Applicable \_\_\_

## AUTHORIZATION AND CERTIFICATION

I hereby authorize the Florida Legislature to verify all information contained in this application and supplement hereto. I consent to the release of any information regarding my eligibility for legislative employment by employers, educational institutions, law enforcement agencies, personal references or other organizations.

I certify that the above statements are true and complete to the best of my knowledge. I further understand that any misrepresentations or false statements made by me on this application, or any supplement hereto, may be grounds for immediate discharge and/or rejection from consideration for further employment. If employed, I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Legislature or myself.

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

*Manual or electronic signatures are accepted.  
All employment applications, pursuant to legislative policy, are available for review by the public.*