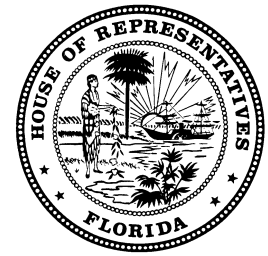




THE FLORIDA LEGISLATURE EMPLOYMENT APPLICATION



Human Resources
Room 701, Claude Pepper Building
111 W. Madison Street ♦ Tallahassee, Florida 32399-1400
(850) 488-6803 ♦ FAX (850) 413-7984

APPLICANT INFORMATION (TYPE OR PRINT IN INK)

NAME (Last, First, Middle) _____ (Prior)	HOME / CELLULAR TELEPHONE ()
MAILING ADDRESS _____	BUSINESS TELEPHONE ()
CITY, STATE, COUNTY, ZIP _____	EMAIL ADDRESS _____
Are you retired from any Florida State Administered retirement plan? ___ Yes ___ No Date: _____	

WORK PREFERENCE

EMPLOYMENT REQUESTED: ___ Full Time ___ Part Time ___ Temporary DATE AVAILABLE: _____ COUNTY PREFERENCE: _____	POSITION APPLIED FOR : _____ If you are not applying for a specific vacancy, please indicate your work preference: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Accounting</td> <td style="width: 33%;">___ Editing/Proofreading</td> <td style="width: 33%;">___ Management</td> </tr> <tr> <td>___ Administrative Support</td> <td>___ Information Technology</td> <td>___ Printing/Reproduction</td> </tr> <tr> <td>___ Clerical/Secretarial</td> <td>___ Investigation</td> <td>___ Research & Analysis</td> </tr> <tr> <td>___ Communications</td> <td>___ Legal</td> <td>___ Support Services</td> </tr> <tr> <td>___ Economics</td> <td>___ Legislative Assistant</td> <td></td> </tr> </table>	___ Accounting	___ Editing/Proofreading	___ Management	___ Administrative Support	___ Information Technology	___ Printing/Reproduction	___ Clerical/Secretarial	___ Investigation	___ Research & Analysis	___ Communications	___ Legal	___ Support Services	___ Economics	___ Legislative Assistant	
___ Accounting	___ Editing/Proofreading	___ Management														
___ Administrative Support	___ Information Technology	___ Printing/Reproduction														
___ Clerical/Secretarial	___ Investigation	___ Research & Analysis														
___ Communications	___ Legal	___ Support Services														
___ Economics	___ Legislative Assistant															

EDUCATION

Please submit a copy of your college transcript with the completed application

CIRCLE 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 # HRS. EARNED	
	YES	NO					QTR	SEM
High School								
Community/ Vocational/ Technical/ College								
College/ University								
Graduate/ Professional								
Other								

LICENSES•CERTIFICATIONS•SPECIAL SKILLS

Please indicate typing, computer/wordprocessing 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

FOR PERSONNEL USE ONLY

Please begin with most recent employer.

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

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

FOR PERSONNEL USE ONLY

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

FOR PERSONNEL USE ONLY

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

FOR PERSONNEL USE ONLY

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

FOR PERSONNEL USE ONLY

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

FOR PERSONNEL USE ONLY

Employer: _____

Employment Dates: ____/____/____ TO ____/____/____

Business Address: _____

Supervisor:

Name: _____

Title: _____

Telephone: (____) _____ Ext.: _____

Hours Per Week: _____ () Part Time () Full Time () Volunteer

Position Title: _____

Ending Salary \$ _____

Primary Duties: _____

Reason for leaving or seeking other employment: _____

EMPLOYMENT ELIGIBILITY

Are you legally entitled to work in the United States? ____ Yes ____ No

SPECIAL NOTE: If you are not a U.S. citizen, you must attach a copy of an I-151 or similar documentation to confirm your eligibility for employment consideration with the Florida Legislature.

SELECTIVE SERVICE

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six to provide proof of registration with the United States Selective Service as required by the Military Selective Service Act . If you are in this age group, please provide your date of birth and your Selective Service number.

Date of Birth: _____ Registration Number: _____

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

Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony? ____ Yes ____ No

A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the Court or adjudication is withheld. If "Yes", please explain:

A "yes" answer to these questions will not necessarily bar you from employment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness as it may relate to employment.

REFERENCES

Please list three references excluding relatives and former employers.

NAME

MAILING ADDRESS

TELEPHONE NUMBER

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: _____

If employed by the Florida Legislature, you will be subject to the provisions of Section 11.26, Florida Statutes which prohibit legislative employees from lobbying or providing legal advice outside the Legislature.

All employment applications will remain active for six months, and pursuant to legislative policy, are available for review by the public.