



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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date retired: _____		

WORK PREFERENCE

EMPLOYMENT REQUESTED: (check all that apply)	POSITION APPLIED FOR : _____ If you are not applying for a specific vacancy, please indicate your work preference:		
<input type="checkbox"/> Year-Round	<input type="checkbox"/> Accounting	<input type="checkbox"/> Editing/Proofreading	<input type="checkbox"/> Management
<input type="checkbox"/> Session Only	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Printing/Reproduction
<input type="checkbox"/> Full Time	<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Investigation	<input type="checkbox"/> Research & Analysis
<input type="checkbox"/> Part Time	<input type="checkbox"/> Communications	<input type="checkbox"/> Legal	<input type="checkbox"/> Support Services
<input type="checkbox"/> Temporary	<input type="checkbox"/> Economics	<input type="checkbox"/> Legislative Assistant	
DATE AVAILABLE: _____	COUNTY PREFERENCE: _____		

EDUCATION

A copy of your college transcript reflecting your highest level of education completed and degree received must be submitted with the completed application

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 # 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

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

SELECTIVE SERVICE

Section 110.1128, Florida Statutes, requires male applicants between the ages of 18 and 26 to provide proof of registration or exemption issued by the United States Selective Service as required by the Military Selective Service Act. If you are in this age group, please provide your Selective Service number, if applicable.

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

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

Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony in any court, domestic or foreign? ___ 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.

ADDENDUM TO APPLICATION

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

APPLICANT: _____

I. EDUCATION

(A) GPAs

Undergraduate Graduate (Master's Program) Graduate (Ph.D. Program)

(B) Graduate Entrance Exams

GRE	LSAT	GMAT
Date taken: Verbal Score: Percentile: Quantitative Score: Percentile: Analytical Score: Percentile:	Date taken: Score: Percentile:	Date taken: Score: Percentile:

If you have not taken the graduate exam, what exam will you take?

Exam Date:

(C) What will be your major or academic area of concentration during the 2016-2017 Legislative Intern Program?
(October 14, 2016 through May 19, 2017)

(D) Additional information about your educational experience that you want considered in this application:

II. HONORS & ACTIVITIES

Indicate in the appropriate space below if you have been involved in or have received any of the following:

Scholarships and Fellowships
Honors and Awards
Leadership Positions
Internships (Not listed under employment)
Volunteer Work
Publications
Professional Associations
Other Organizations to Which You Belong

