

CHECKLIST & INSTRUCTIONS

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

I. CHECKLIST

The State of Florida Application with Intern Addendum, Faculty Recommendation form, and Employer Recommendation form can be downloaded from myfloridahouse.gov. You must use [Adobe Reader](#) (free) to fill out the documents.

- [State of Florida Application with Intern Addendum](#)
- [Faculty Recommendation](#) (2 required) *[Separate forms available here.](#)*
- [Employer Recommendation](#) (1 required) *[Separate forms available here.](#)*
- [Transcripts](#)
- Writing Sample ([See requirements.](#))
- [Test Scores](#)

**ALL ITEMS MUST BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT BY MAY 31, 2016.**

The above items can be emailed to internprogram@myfloridahouse.gov, faxed to 850.410.0095, or sent to the address below. Please note that persons appearing on the recommendation forms may be subject to additional questions from House staff.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM
327 THE CAPITOL
402 SOUTH MONROE STREET
TALLAHASSEE, FL 32399-1300

II. INSTRUCTIONS

To download the application:

Right click on the link and choose "Save". Then select where you would like to save the file on your computer. You must use Adobe Reader (free) to fill out the documents. On Mac, you must right click, select "Open with", and choose [Adobe Reader](#). The form will not work in Apple's Preview application.

To submit the application:

Click "Submit" at the bottom of the application. This will open a dialog box. Select if you would like to send through the default mail program on your computer. If you would like to send your application via email, save your completed application and attach to an email addressed to internprogram@myfloridahouse.gov.

Questions? Contact us at internprogram@myfloridahouse.gov with the word "Question" in the subject line.



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

FACULTY RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

Applicant Name

Phone

Applicant Address

Faculty Member Name

Phone

Faculty Member Address

THE GOAL OF THE LEGISLATIVE INTERN PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.

How long have you known the applicant?

What was the ranking of the applicant's performance in your class? Class size:

Top 10%

Top 25%

Top 50%

Bottom 50%

How would you rank the applicant's writing ability?

Outstanding

Above Satisfactory

Satisfactory

Poor

How would you rank the applicant's analytical ability?

Outstanding

Above Satisfactory

Satisfactory

Poor

Did this applicant demonstrate other communication skills? Please specify:

Why do you think this applicant would be a good candidate for the Legislative Intern Program?

Send this form by email to internprogram@myfloridahouse.gov, fax to 850.410.0095, or send to the address below by **May 31, 2016**.

Providing your name in the signature box indicates you have approved the information regarding the applicant and may be subject to further verification by staff.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

327 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300
850.717.5450 phone
850.410.0095 fax

Signature

Title

Phone (*for verification purposes*)

EMPLOYER RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

Applicant Name

Phone

Applicant Address

Employer Name

Phone

Employer Address

THE GOAL OF THE LEGISLATIVE INTERN PROGRAM IS TO PROVIDE COLLEGE GRADUATES AND GRADUATE STUDENTS WITH TRAINING IN THE LEGISLATIVE PROCESS AND PUBLIC POLICY MAKING.

Type of work employee performed; length and specific dates of employment; approximate number of hours worked per week:

How did the employee perform on the job?

Outstanding

Above Satisfactory

Satisfactory

Poor

Remarks:

How did the employee respond to direction?

Did the employee work well with others?

Would you recommend this person as a dependable and responsible employee?

Send this form by email to internprogram@myfloridahouse.gov, fax to 850.410.0095, or send to the address below by **May 31, 2016**.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

327 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300
850.717.5450 phone
850.410.0095 fax

Providing your name in the signature box indicates you have approved the information regarding the applicant and may be subject to further verification by staff.

Signature

Title

Phone *(for verification purposes)*

TRANSCRIPTS

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

SUBMISSION

Submit one copy of cumulative transcripts (graduate and undergraduate). Electronic or photocopies of transcripts may be submitted.

**ALL ITEMS MUST BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT BY MAY 31, 2016.**

The above items can be emailed to internprogram@myfloridahouse.gov, faxed to 850.410.0095, or sent to the address below.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM
327 THE CAPITOL
402 SOUTH MONROE STREET
TALLAHASSEE, FL 32399-1300

WRITING SAMPLE REQUIREMENTS

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

SUBMISSION

Submit a brief, typed, writing sample, in essay format, on the following topics:

- Why did you choose to pursue your present course of study?
- What are your plans following graduation?
- What is your perception of the Florida Legislature?
- Why are you applying for a House Legislative Internship?
- How will serving in the Intern Program contribute to your personal and career goals?

The writing sample must be written by the applicant and not be edited by any other person.

**ALL ITEMS MUST BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT BY MAY 31, 2016.**

The above items can be emailed to internprogram@myfloridahouse.gov, faxed to 850.410.0095, or sent to the address below.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM
327 THE CAPITOL
402 SOUTH MONROE STREET
TALLAHASSEE, FL 32399-1300

TEST SCORES

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

SUBMISSION

Send a copy of Law School Admission Test (LSAT), Graduate Record Examination (GRE) score(s) or Graduate Management Admission Test (GMAT) score, if taken, with your application. These scores may be electronically submitted or photocopied and do not have to be sent from the Educational Testing Service. Graduate exam scores are not required to apply for an internship.

**ALL ITEMS MUST BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT BY MAY 31, 2016.**

The above items can be emailed to internprogram@myfloridahouse.gov, faxed to 850.410.0095, or sent to the address below.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM
327 THE CAPITOL
402 SOUTH MONROE STREET
TALLAHASSEE, FL 32399-1300