Completing the Florida Legislature Employment Application

The Application for Legislative Employment is a PDF form, which may be typed, hand written, or filled out online and printed. **All forms must be signed by hand.**

To fill out the form online in Adobe Acrobat Reader:

- 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.
- NEW This PDF has been extended to enable users with Adobe Acrobat Reader version 8 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.
- When you have completed the form, press the Acrobat *Print* button to print the desired number of copies.

Mail completed, signed forms and all requested supporting documents to:

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) 413-7984

Equal Opportunity Employer
If an accommodation is needed for disability, please notify the Office of Human Resources.

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? ____ Yes ____ No	Date: _____

WORK PREFERENCE

EMPLOYMENT REQUESTED:
(check all that apply)

- ____ Year-Round
- ____ Session Only
- ____ Full Time
- ____ Part Time
- ____ Temporary

POSITION APPLIED FOR :_____

If you are not applying for a specific vacancy, please indicate your work preference:

- ____ Accounting
- ____ Administrative Support
- ____ Clerical/Secretarial
- ____ Communications
- ____ Economics
- ____ Editing/Proofreading
- ____ Information Technology
- ____ Investigation
- ____ Legal
- ____ Legislative Assistant
- ____ Management
- ____ Printing/Reproduction
- ____ Research & Analysis
- ____ Support Services

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

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

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.