


# 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.**

**Note:**

- The legislative employment PDF form works best when opened via Internet Explorer and completed using the Adobe Acrobat plug-in or Adobe Reader.
- Other browsers such as Firefox and Chrome launch their own PDF plug-in, which may not work with this PDF form.
- When using another browser, it is best to DOWNLOAD the employment Application PDF, open it and complete it using the Adobe Reader.

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.
- 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.
- When you have completed the form, press the Acrobat *Print* button to print the desired number of copies.

NEW

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<br>( ) |
| MAILING ADDRESS  |         | BUSINESS TELEPHONE<br>( )        |
| CITY, STATE, COUNTY, ZIP   |         | EMAIL ADDRESS                    |
| Are you retired from any Florida State Administered retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date: _____ |         |                                  |

## WORK PREFERENCE

|   |   |   |  |
|---|---|---|--|
| EMPLOYMENT REQUESTED:<br>(check all that apply) | POSITION APPLIED FOR : _____<br>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/<br>Vocational/<br>Technical/<br>College |                   |    |                  |   |   |   |   |   |    |    |    |     |               |                 |                      |                            |     |   |                 |   |   |   |   |   |
| College/<br>University                             |                   |    |                  |   |   |   |   |   |    |    |    |     |               |                 |                      |                            |     |   |                 |   |   |   |   |   |
| Graduate/<br>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: \_\_\_\_\_

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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

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Employment Dates: \_\_\_\_\_ TO \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

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

Ending Salary \$ \_\_\_\_\_

Primary Duties:

Reason for leaving or seeking other employment:

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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.*