


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.
- When you have completed the form, press the Acrobat *Print* button to print the desired number of copies. When you close that form, your information will be erased.
- PDF forms can only be saved with (your information included) if you have a full version of Adobe Acrobat. Adobe Acrobat Reader will not save your information.

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

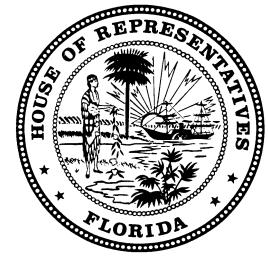
The Florida Legislature
Office of Human Resources
Room 701 Claude Pepper Building
111 W. Madison St.
Tallahassee, FL 32399-1400
(850) 488-6803
FAX (850) 413-7984

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

WORK PREFERENCE

EMPLOYMENT REQUESTED: (check all that apply) <input type="checkbox"/> Year-Round <input type="checkbox"/> Session Only <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	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><input type="checkbox"/> Accounting</td> <td><input type="checkbox"/> Editing/Proofreading</td> <td><input type="checkbox"/> Management</td> </tr> <tr> <td><input type="checkbox"/> Administrative Support</td> <td><input type="checkbox"/> Information Technology</td> <td><input type="checkbox"/> Printing/Reproduction</td> </tr> <tr> <td><input type="checkbox"/> Clerical/Secretarial</td> <td><input type="checkbox"/> Investigation</td> <td><input type="checkbox"/> Research & Analysis</td> </tr> <tr> <td><input type="checkbox"/> Communications</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> Support Services</td> </tr> <tr> <td><input type="checkbox"/> Economics</td> <td><input type="checkbox"/> Legislative Assistant</td> <td></td> </tr> </table>	<input type="checkbox"/> Accounting	<input type="checkbox"/> Editing/Proofreading	<input type="checkbox"/> Management	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Printing/Reproduction	<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Investigation	<input type="checkbox"/> Research & Analysis	<input type="checkbox"/> Communications	<input type="checkbox"/> Legal	<input type="checkbox"/> Support Services	<input type="checkbox"/> Economics	<input type="checkbox"/> Legislative Assistant	
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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

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) GPA:

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

(B) Graduate Entrance Exams:

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

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

Anticipated date of examination: _____

(C) What will be your major or academic area of concentration during the 2011-2012 Legislative Intern Program?
(August 1, 2011 through March 30, 2012)

(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:

III. COMMITTEES / AREAS OF STUDY

Participants are assigned to work with policy or budget areas during their internship. Please indicate the committee(s) you feel best represent your area(s) of interest. A brief narrative regarding each committee's jurisdiction is provided to assist you with your choices. Please provide a short explanation of the reasons for your choices:

- () **Appropriations:** The Appropriations Committee produces the House's proposed budget and related legislation. This committee also reviews governmental, judicial, and executive office budgets.
- () **Economic Affairs:** The Economic Affairs Committee oversees policies impacting Florida's private sector economic activity and the State's role in establishing a business-friendly environment.
- () **Education Committee:** The Education Committee considers issues related to PreK-12 education and postsecondary education. The committee oversees policies relating to the Department of Education, the Board of Governors, the State Board of Education, and other education entities and programs.
- () **Finance & Tax Committee:** The Finance & Tax Committee considers issues related to state and local taxes and select nontax revenue sources, and addresses statutory and constitutional policy regarding tax rates, tax base design, and collection and enforcement.
- () **Health & Human Services Committee:** The Health & Human Services Committee considers issues related to programs, regulations, and systems that purchase or provide health care, health care coverage, social services, and financial assistance for Floridians and their families.
- () **Judiciary Committee:** The Judiciary Committee considers issues related to a broad range of civil and criminal law issues, including public safety and the court system. Committee oversight includes law enforcement, juvenile justice, corrections and parole, and entities such as State attorneys and public defenders, and policies and entities within the State's court system.
- () **Redistricting Committee:** The Redistricting Committee considers issues related to legislative districts, state demographics, and redistricting plans for Florida's State, Legislative and Congressional districts.
- () **Rules & Calendar Committee:** The Rules & Calendar Committee considers all issues relating to the rules and procedures necessary to manage the legislative process. This committee prepares and submits Special Order and Consent Calendars for adoption by the House, recommends amendment deadlines, and bill, committee, and floor procedures.
- () **State Affairs Committee:** The State Affairs Committee considers issues related to the oversight and use of state resources, including agriculture, environmental protection, natural resource conservation, energy, utilities and telecommunications regulation, agency governance, ethics and elections, and state/federal relations.

1st Preference: _____

2nd Preference: _____

IV. FACULTY & EMPLOYER RECOMMENDATIONS

List below two faculty members and one employer from whom you will request recommendations. Recommendation forms included in the application should be filled out by the faculty member/employer and forwarded to the Office of Professional Development, Legislative Intern Program no later than May 16, 2011. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THESE RECOMMENDATIONS ARE RECEIVED BY THE DEADLINE.**

FACULTY MEMBER NAME AND ADDRESS

TELEPHONE

(1) _____

(2) _____

EMPLOYER NAME AND ADDRESS

TELEPHONE

(1) _____

V. COMPUTER KNOWLEDGE AND SKILLS

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 Intern Program? _____

Send this form to the address below by May 16, 2011

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT

Legislative Intern Program

327 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300

850.487.2290

Lucy.Ciccione@MyFloridaHouse.Gov

Beverly.Broussard@MyFloridaHouse.Gov

Signature

Title

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 Intern Program? _____

Send this form to the address below by May 16, 2011

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OFFICE OF PROFESSIONAL DEVELOPMENT

Legislative Intern Program

327 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300

850.487.2290

Lucy.Ciccione@MyFloridaHouse.Gov

Beverly.Broussard@MyFloridaHouse.Gov

Signature

Title

EMPLOYER RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

EMPLOYEE NAME: _____ PHONE: _____

EMPLOYEE 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?

Excellent Good 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 to the address below by May 16, 2011

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Beverly.Broussard@MyFloridaHouse.Gov

Signature

Title