



State of Florida  
**EMPLOYMENT  
 APPLICATION**

**Equal Opportunity Employer/Affirmative Action Employer**  
*The State of Florida does not tolerate violence in the workplace.*

- Available on the Internet at:  
<http://jobsdirect.state.fl.us>
- Job and Benefits Center  
*Consult your local phone directory*
- State agency personnel offices

FOR OFFICIAL USE ONLY			
	/ /		
Agency Authorized Signature	Date	Class Code	Status
POSITION APPLIED FOR			
Title _____			
Position Number _____		Date Available / /	
Counties of Interest: _____			
Minimum Acceptable Salary: _____			

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Please type or print in ink this application in its entirety.</li> <li>• Specify the position for which you are applying.            (Note: A Separate application must be submitted for each vacancy. Photocopies are acceptable.)</li> <li>• Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date</li> <li>• Sign your name in the Certification Section (page 4). All information you submit is subject to verification.</li> <li>• Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.</li> </ul>

HOW DO WE CONTACT YOU			
Your Name _____			
Your Mailing Address _____			E-mail Address _____
City _____	County _____	State _____	Zip Code _____
Home Phone _____	Business Phone _____	Cell Phone _____	

**EDUCATION**

HIGH SCHOOL:	
NAME/ADDRESS OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None

*YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:*

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

*YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:*

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

*YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:*

**LICENSURE, REGISTRATION, CERTIFICATION** EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency



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Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason For Leaving: \_\_\_\_\_

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Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason For Leaving: \_\_\_\_\_

**KNOWLEDGE / SKILLS / ABILITIES (KSAs)**

List KSAs you possess and believe **relevant to the position you seek** such as operating heavy equipment, computer skills, fluency in language(s), etc.

**VETERANS' PREFERENCE INFORMATION**

Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, *or*
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, *or*
- 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, *or*
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A. C. Wartime periods are defined in §.1.01(14), F.S. Veterans' Preference shall expire after an eligible person has been employed by any state or agency of a political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

## EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1, F.S.?  YES  NO

\*\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments who responsibilities include revenue collection and Department

## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

## CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?  YES  NO

**NOTE:** The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

## RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?  YES  NO

## SELECTIVE SERVICE SYSTEM REGISTRATION

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?  YES  NO

## CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DP-E-16 Rev. 12/98

**VETERANS' PREFERENCE CLAIM** (Please see instructions on page 3) YOUR NAME \_\_\_\_\_

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?  
(Please indicate number from Veterans' Preference Information section on page 3)

Have you ever been employed by any state or any of its political subdivisions (such as counties or cities) prior to the date on this application?  YES  NO

**NOTE:** If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

**Note:** Employer remove this section upon completion of the selection process.

## EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

- a. SEX:  MALE  FEMALE
- b. DATE OF BIRTH: \_\_\_\_\_
- c. RACE (Check Only One):
- WHITE  BLACK  HISPANIC  ASIAN or PACIFIC ISLANDER  NATIVE AMERICAN
- OTHER (Specify) \_\_\_\_\_

**Note:** Employer remove this section prior to the selection process.

## BACKGROUND RECORD

Due to the sensitive nature of all work processed through the State Attorney's Office, it is necessary for our office to investigate all eligible candidates. Police and driving records will be checked. Information concerning convictions or association with felons may disqualify an applicant. An applicant who falsifies the application by failing to give required information may be discharged.

Would you please provide us with the following additional information:

Have you ever been arrested, charged, convicted, pled nolo, or had a case diverted or nol-prossed for violation of any law or ordinance, including traffic violations? Yes  No

If YES, describe the nature of the offense(s). Show date, location, disposition and court. Include prison and suspended sentences, probation served and convictions during military service.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever filed for bankruptcy? Yes  No  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are there any other issues in your background that would potentially jeopardize the handling or processing of sensitive information or that, as an employer, we would want to know about? Yes  No

If YES to any question, please explain.

Note:

A "YES" answer to any of these questions will not automatically bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

**INFORMATION FOR PERSONAL BACKGROUND INVESTIGATION**

List the names of the people you have worked for, giving addresses and telephone numbers. Please give exact location of home or business

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

List personal references, giving addresses and telephone numbers.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you worked as a volunteer? \_\_\_\_\_

If yes, list the agency and the person you worked for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of parents:

Mother: \_\_\_\_\_ Phone \_\_\_\_\_

Father: \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at the present address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

If less than 2 years please give previous address:

\_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_