

LICENSURE, REGISTRATION, CERTIFICATION

Examples include Florida Drivers', Chauffeurs', Teacher Certification, RN, LPN, PE, CPA, etc.	License, Registration, or Certification Number.	Date Received	Expiration Date	List other skills you possess and believe relevant to the position you seek.

EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application.

① Name of Present or Last Employer: _____
 Address: _____
 Your Job Title: _____

From _____ to _____ hrs per wk Annualized Salary: _____ / _____
mo/day/yr mo/day/yr starting ending

Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____

May we contact your employer? YES NO

Your Name, if different from application: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

② Name of Next Previous Employer: _____
 Address: _____
 Your Job Title: _____

From _____ to _____ hrs per wk Annualized Salary: _____ / _____
mo/day/yr mo/day/yr starting ending

Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____

Your Name, if different from application: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

③ Name of Next Previous Employer: _____
 Address: _____
 Your Job Title: _____

From _____ to _____ hrs per wk Annualized Salary: _____ / _____
mo/day/yr mo/day/yr starting ending

Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____

Your Name, if different from application: _____

Duties and Responsibilities: _____

4 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____
From _____ to _____ Annualized Salary: _____ / _____
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____
Your Name, if different from application: _____
Duties and Responsibilities: _____

Reason(s) for Leaving: _____

5 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____
From _____ to _____ Annualized Salary: _____ / _____
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____
Your Name, if different from application: _____
Duties and Responsibilities: _____

Reason(s) for Leaving: _____

6 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____
From _____ to _____ Annualized Salary: _____ / _____
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____
Your Name, if different from application: _____
Duties and Responsibilities: _____

Reason(s) for Leaving: _____

7 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____
From _____ to _____ Annualized Salary: _____ / _____
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: _____ Title: _____ Phone No.: _____ / _____
Your Name, if different from application: _____
Duties and Responsibilities: _____

Reason(s) for Leaving: _____

AVAILABILITY

Indicate which Florida counties you are available to work in:

1. _____ 3. _____
 2. _____ 4. _____

Part-time Temporary Full-time
 Date available to begin work _____
 (Month/Day/Year)

CITIZENSHIP

ARE YOU A CITIZEN OF THE U.S.?

YES NO

If "No" do you possess an I-151 Card, an I-551 Card, an I-94 Card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service.

YES NO

NOTE: If answer is "No" to both, you are ineligible for employment with the State of Florida. The State of Florida hires only U.S. citizens and lawfully authorized alien workers.

Have you ever been convicted of a felony or first degree misdemeanor? YES NO

If "Yes," what charges? _____

Where convicted? _____

Date? _____

Have you ever pleaded *nolo contendere* to a crime which is a felony or to a first degree misdemeanor, but had adjudication of guilt withheld by courts? YES NO

If "Yes," to what charges? _____

Where? _____

Date? _____

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

Are you fluent in any language(s) other than English? YES NO

If "Yes," which language(s)? _____

VETERANS' PREFERENCE

Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

- 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. Veteran's Administration 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Have you claimed and been employed using veterans' preference since October 1, 1987? YES NO

If "Yes," _____

Name of Employer

NOTE: Under Florida law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. 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.

EEO SURVEY

The following information is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. 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 32399-1570.

a. SEX: Male Female.

b. DATE OF BIRTH _____

c. Do you have a disabling or handicapping condition? Yes No

d. RACE (Check one only)

- WHITE (NOT HISPANIC ORIGIN) — Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK (NOT HISPANIC ORIGIN) — Persons having origins in any of the black racial groups of Africa.
- HISPANIC — Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER — Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands, this area includes, for example: China, Japan, Korea, the Phillipine Islands, and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE — Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER

CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentations 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 and fitness for state 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. 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 _____