

# Application For Employment



The Florida Bar  
Human Resources Office  
651 East Jefferson Street  
Tallahassee, Florida 32399-2300  
www.floridabar.org

Federal and state laws prohibit discrimination on the basis of sex, race, creed, religion, color, national origin, citizenship, age in accordance with applicable law, handicap, disability, medical condition, marital and veteran's status in all practices, privileges, and conditions of employment. The Florida Bar strictly adheres to these laws and regulations and will consider all qualified applicants for employment without regard to any of these factors.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> TFB Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) (H) _____ (C) _____		Email Address _____	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No  N/A

Are you related to anyone working at The Florida Bar?  Yes  No  
If yes, give name and relationship: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date (MM/DD/YYYY): \_\_\_\_\_

Are you currently employed?  Yes  No  
If yes, may we contact your present employer?  Yes  No

Do you have a legal right to live and work in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you applying for:  Full Time?  Part Time?  Temporary?

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Elementary School				High School				Undergraduate College / University				Graduate/ Professional			
School Name and Location																
Years Completed	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Type of Diploma / Degree Earned & Area of Study																
<i>(If college degree and/or licensure is required for position, proof of degree and/or licensure will be required at interview.)</i>																
Describe any specialized trainings, apprenticeships, skills, and/or extra-curricular activities pertinent to this position.																
State any additional information you believe may be helpful to us in considering your application (e.g., honors, accomplishments, etc.).																

Have you ever had any job-related training in the United States military?       Yes     No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Indicate any foreign language you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

List professional, trade, business, or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, color, national origin, handicap, disability, or any other legally protected status.*

# References

Provide three references who are not related to you and are not previous employers.			
	First & Last Name	Telephone Number(s)	Address
1.			
2.			
3.			

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate sex, race, religion, color, national origin, handicap, disability, or any other legally protected status.

THESE SECTIONS ARE REQUIRED TO BE COMPLETED IN FULL						Work Performed <i>(must be completed if not described in detail on an attached resume)</i>	
1. Employer	Dates Employed		From	To	Full Time?		
			MM/YYYY	MM/YYYY			
Address	Hourly Rate / Salary		Starting	Final	Part Time?		
Telephone Number(s)	Hourly Rate / Salary						
Job Title	Supervisor						
Reason for Leaving							
2. Employer	Dates Employed		From	To	Full Time?		
			MM/YYYY	MM/YYYY			
Address	Hourly Rate / Salary		Starting	Final	Part Time?		
Telephone Number(s)	Hourly Rate / Salary						
Job Title	Supervisor						
Reason for Leaving							
3. Employer	Dates Employed		From	To	Full Time?		
			MM/YYYY	MM/YYYY			
Address	Hourly Rate / Salary		Starting	Final	Part Time?		
Telephone Number(s)	Hourly Rate / Salary						
Job Title	Supervisor						
Reason for Leaving							

*If you need additional space, please continue on a separate sheet of paper.*

Special Skills and Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

# Applicant's Statement

---

---

I certify that all information given herein, and in all other documentation presented as part of the application process, is true and complete to the best of my knowledge.

I authorize investigation of all information contained in this application for employment and other submitted documents as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, other documents, and interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (*Please Print*)

---

---

# Consent to Conduct Background Investigation

---

---

I, \_\_\_\_\_ (*please print*), do hereby give The Florida Bar my permission to request true and factual information from my current/previous employers, school and school officials, and references, and to verify all documentation presented as part of my application for employment with The Florida Bar.

I agree to hold harmless any current/former employer, school and school official, or reference for providing true and factual information to The Florida Bar that is relevant to the position(s) for which I am applying.

I also agree to permit The Florida Bar to conduct a criminal records and history check, a driver's record check, and a public records check of me.

I understand that The Florida Bar will be securing the above information and using it to make a determination of whether to extend or to confirm an offer of employment to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Name (*Please Print*)

---

---

# Employment Data Record

---

---

Employees are treated during employment without regard to sex, race, religion, color, national origin, age, handicap, disability, medical condition, marital and veteran's status, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. All data records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

## APPLICANT SURVEY

*(Please Print)*

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

Government agencies at times require periodic reports on the sex, race, national origin, handicap, veteran, and other legally protected status of employees. This data is for statistical analysis only.

Name		
Address		
City	State	Zip
Social Security Number		

Current Job:		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (MM/DD/YYYY)	
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Other: _____