

CHECKLIST & INSTRUCTIONS

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

I. CHECKLIST

The State of Florida Application with Intern Addendum, Faculty Recommendation form, and Employer Recommendation form can be downloaded from myfloridahouse.gov. You must use [Adobe Reader](#) (free) to fill out the documents.

- [The Florida Legislature Employment Application with Intern Addendum](#)
- [Faculty Recommendation](#) (2 required) *Additional forms available at myfloridahouse.gov.*
- [Employer Recommendation](#) (1 required) *Additional forms available at myfloridahouse.gov.*
- [Transcripts](#)
- [Writing Samples](#) (2 required)
- [Test Scores](#)

**ALL ITEMS MUST BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT BY SEPTEMBER 10, 2020, 5:00 P.M.**

The above items can be emailed to internprogram@myfloridahouse.gov, faxed to 850.410.0095, or mailed to the address below. Please note that persons appearing on the recommendation forms may be subject to additional questions from House staff.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM
327 THE CAPITOL
402 SOUTH MONROE STREET
TALLAHASSEE, FL 32399-1300

II. INSTRUCTIONS TO COMPLETE THE APPLICATION

The 2020 – 2021 Legislative Intern Program Application Packet contains PDF forms, which may be typed, hand written, or filled out online and printed.

Note:

- The PDF forms work best when opened via Internet Explorer and completed using the Adobe Acrobat plug-in or [Adobe Reader](#).
- Other browsers such as Firefox and Chrome do not work effectively. The “Primary Duties” sections will duplicate for every job listed on the forms despite returning to those fields and making changes. We do not recommend using any browser other than Internet Explorer.
- When using another browser, **DOWNLOAD** the 2020 – 2021 Legislative Intern Program Application Packet, then open and complete it using the [Adobe Reader](#).

To fill out the forms online in [Adobe 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.
- The PDFs have been extended to enable users with [Adobe Reader](#) version 11 and greater to save their data within the forms to their hard drives. Users with earlier versions of [Adobe Reader](#) can still fill out the forms online, but when the form is closed, the information will be erased.
- When you have completed the forms, press the Acrobat Print button to print the desired number of copies.

Questions? Contact us at internprogram@myfloridahouse.gov with the word “Question” in the subject line.



THE FLORIDA LEGISLATURE EMPLOYMENT APPLICATION



Human Resources
Suite 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 If yes, date retired: _____	

WORK PREFERENCE

EMPLOYMENT REQUESTED: (check all that apply)	POSITION APPLIED FOR : _____ 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"/> Session Only	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> Full Time	<input type="checkbox"/> Clerical/Secretarial
<input type="checkbox"/> Part Time	<input type="checkbox"/> Communications
<input type="checkbox"/> Temporary	<input type="checkbox"/> Economics
	<input type="checkbox"/> Editing/Proofreading
	<input type="checkbox"/> Information Technology
	<input type="checkbox"/> Investigation
	<input type="checkbox"/> Legal
	<input type="checkbox"/> Legislative Assistant
	<input type="checkbox"/> Management
	<input type="checkbox"/> Printing/Reproduction
	<input type="checkbox"/> Research & Analysis
	<input type="checkbox"/> Support Services
DATE AVAILABLE: _____	COUNTY PREFERENCE: _____

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

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee**, or the spouse or child of one, whose information is exempt from public records disclosure under section 119.071(4)(d), Florida Statutes (F.S.)? Yes No

**Other covered jobs include but are not limited to: 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 whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

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: _____

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

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Present or Most Recent Employer

If currently employed, may we contact your employer? Yes No

Employer: _____ Supervisor: _____

Address: _____ Supervisor's Title: _____

City, State, Zip: _____ Phone number: _____

Employment Dates: _____ / _____ / _____ to _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

Hours per week: _____ Check box if Volunteer work: Ending Salary: _____

Position Title: _____

Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

Next Previous Employer

Employer: _____ Supervisor: _____
Address: _____ Supervisor's Title: _____
City, State, Zip: _____ Phone number: _____
Employment Dates: / / to / /
MONTH DAY YEAR MONTH DAY YEAR
Hours per week: _____ Check box if Volunteer work: Ending Salary: _____
Position Title: _____
Primary Duties:

Reason for leaving or seeking other employment:

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.

ADDENDUM TO APPLICATION

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

APPLICANT: _____ EMAIL: _____ PHONE: _____

I. EDUCATION

(A) GPAs Undergraduate Graduate (Master's Program) Graduate (Ph.D. Program)

Law students only: What year will you be in September 2020?

(B) Graduate Entrance Exams

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

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

Exam Date:

(C) What will be your major or academic area of concentration during the 2020 – 2021 Legislative Intern Program?
(January 8 – May 14, 2021)

(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	

FACULTY RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

Applicant Name

Phone

Applicant Email

Faculty Member Name

Phone

Faculty Member Address

Email

College/University

THE LEGISLATIVE INTERN PROGRAM PROVIDES COLLEGE GRADUATES PURSUING A GRADUATE DEGREE WITH AN OPPORTUNITY TO EXPERIENCE 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 Legislative Intern Program?

Send this form by email to internprogram@myfloridahouse.gov,

fax to 850.410.0095, or mailed to the address below by

SEPTEMBER 10, 2020, 5:00 P.M.

Providing your name in the signature box indicates you have approved the information regarding the applicant and may be subject to further verification by staff.

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

327 The Capitol

402 South Monroe Street

Tallahassee, FL 32399-1300

850.717.5450 phone

850.410.0095 fax

Signature

Title

FACULTY RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES OFFICE OF PROFESSIONAL DEVELOPMENT LEGISLATIVE INTERN PROGRAM

Applicant Name

Phone

Applicant Email

Faculty Member Name

Phone

Faculty Member Address

Email

College/University

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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 Legislative Intern Program?

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Signature

Title

EMPLOYER RECOMMENDATION

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

Applicant Name

Phone

Applicant Email

Employer Name

Phone

Employer Address

Email

**THE LEGISLATIVE INTERN PROGRAM PROVIDES COLLEGE GRADUATES
PURSUING A GRADUATE DEGREE WITH AN OPPORTUNITY TO EXPERIENCE 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?

Outstanding

Above Satisfactory

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?

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TRANSCRIPTS

FLORIDA HOUSE OF REPRESENTATIVES
OFFICE OF PROFESSIONAL DEVELOPMENT
LEGISLATIVE INTERN PROGRAM

SUBMISSION

Submit one copy of cumulative transcripts (graduate and undergraduate). Electronic or photocopies of transcripts may be submitted. *Note: Applicants selected to the program may need to provide an official transcript.*

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WRITING SAMPLES*

FLORIDA HOUSE OF REPRESENTATIVES
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LEGISLATIVE INTERN PROGRAM

1. Submit a brief, typed writing sample, in essay format, on the following topics:

- Why did you choose to pursue your present course of study?
- What are your plans following graduation?
- What is your perception of the Florida Legislature?
- Why are you applying for a House Legislative Internship?
- How will serving in the Intern Program contribute to your personal and career goals?

2. A typed, academic, unpublished paper or brief of your choice as follows:

- No more than 20 pages, and
- One of personal academic interest, or class assignment.

**Applicants must write and edit their own writing samples.*

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TEST SCORES

FLORIDA HOUSE OF REPRESENTATIVES
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LEGISLATIVE INTERN PROGRAM

SUBMISSION

Send a copy of Law School Admission Test (LSAT), Graduate Record Examination (GRE) score(s) or Graduate Management Admission Test (GMAT) score, if taken, with your application. These scores may be electronically submitted or photocopied and do not have to be sent from the Educational Testing Service. Graduate exam scores are not required to apply for an internship.

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