



STATE OF FLORIDA

AUDITOR GENERAL

EMPLOYMENT APPLICATION

111 WEST MADISON STREET, ROOM G-74

TALLAHASSEE, FLORIDA 32399-1450

(850)487-9178



AN EQUAL OPPORTUNITY EMPLOYER

INFORMATION AND INSTRUCTIONS

- In order to be considered for employment for any position with the Auditor General, you **MUST** file this application, which must be completed in its entirety, signed by the applicant, and dated. Please submit this application to the AUDITOR GENERAL, Claude Denson Pepper Building, Room G-74, 111 West Madison Street, Tallahassee, Florida 32399-1450.
- When the position for which you wish to be considered for employment requires a college degree, this application is considered incomplete without college transcripts and will not be processed further until received. Copies of transcripts are acceptable for the application review process; however, official transcripts of all college course work are required for employment with the Auditor General in any classification which requires a college degree.
- Determination of eligibility will be measured by the minimum training and experience listed in the Auditor General class specification.
- This application will be retained for consideration for a period of four months. If you wish to be considered for employment beyond four months, you must submit a verbal or written request to update this application for another four-month period.
- You should keep the Auditor General advised in writing of all changes that could affect your availability for employment, or if you no longer desire employment with the Auditor General.
- It is the policy of the Auditor General to provide Equal Employment Opportunities to all employees and applicants for employment. When making personnel decisions or taking personnel actions, the Auditor General shall not discriminate on the basis of race, color, national origin, sex, gender, religion, age, disability, marital status, political affiliation, or arrest record.
- The Auditor General is part of the Florida Legislative branch. Employees of the Auditor General have certain restrictions on their outside activities and certain employees are subject to financial disclosure requirements. Information about these requirements is available from the Auditor General's Office.
- The Auditor General complies with the Americans With Disabilities Act of 1990. Assistance in completing this application is available by contacting the Auditor General's Office. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination if required of all employees entering in the same job category. All medical information will be kept confidential and in separate files.
- Pursuant to the policy of the Auditor General, all employment applications are available for public review, except as prohibited by law.

STATISTICAL INFORMATION

The Auditor General is a State government employer and as such, is required to keep and report certain information about all job applicants and employees. The information requested in this section is needed to satisfy Federal Equal Employment Opportunity reporting and research requirements. This page of your application form will be removed before the remainder of the form is given to anyone who will be involved in making a decision about hiring you. Answering the questions on this page prior to your being hired is strictly voluntary and will not affect your application in any way.

Female Male

Check the Race/Ethnic Group with which you identify:

White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Native



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APPLICANT INFORMATION

Position(s) Applied For

Last Name First Name Middle Name

Address Number and Street City County State Zip Code

Telephone Numbers

Home () Business ()

Minimum annual salary you are willing to accept: \$

Date available to begin work:

Will you accept employment anywhere in Florida? Yes No

If no, list the counties in which you will accept employment:

Will you travel if a job requires it? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date:

Have you ever been employed with us before? Yes No

If Yes, give dates:

EMPLOYMENT ELIGIBILITY

Are you lawfully authorized to work in the United States? Yes No

All new Auditor General employees are required by the Immigration Reform and Control Act of 1986 to present documentation that establishes identity and employment eligibility at the time they begin employment.

SELECTIVE SERVICE

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six 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 available.

Registration Number:

RELATIVES

Florida law, the Florida Legislature, and the Auditor General place certain restrictions on the employment of related persons. Information about these restrictions is available from the Auditor General's Office. Therefore, please list the names and relationships of relatives* who are employees of the Auditor General or any unit of the Florida Legislature.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

*"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, halfbrother, or halvesister.

CONVICTIONS

Have you ever been convicted of a felony or first degree misdemeanor? _____ Yes _____ No
 A conviction includes a plea of nolo contendere, a guilty plea, guilty verdict, or any other finding of guilt.

If Yes, what charges? _____

Where? _____ Date _____

Dispensation _____

NOTE: A yes answer to these questions will not necessarily preclude you from employment. The nature, severity, date of the offense, and job duties of the position applied for will be considered.

EDUCATION AND TRAINING

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12GED College 1 2 3 4 Graduate School 1 2 3 4

NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED
 (City & State)

Dates Attended

From
Mo/Yr

To
Mo/Yr

Received:

Diploma _____
 GED _____
 Date _____

Graduate? _____ Yes _____ No

NAME AND ADDRESS OF
 COMMUNITY COLLEGE,
 COLLEGE, OR UNIVERSITY
 (City & State)

Dates

Credits Completed

From
Mo/Yr

To
Mo/Yr

Semester
Hours

Quarter
Hours

Type
of
Degree

Major

Minor

Month &
Year of
Degree

NAME AND ADDRESS OF COMMUNITY COLLEGE, COLLEGE, OR UNIVERSITY (City & State)	Dates		Credits Completed		Type of Degree	Major	Minor	Month & Year of Degree
	From Mo/Yr	To Mo/Yr	Semester Hours	Quarter Hours				

NOTE: List ALL community colleges, colleges, and universities attended and **provide transcripts from each school**. Transcript copies are acceptable for the application review process. Official transcripts are required for employment. **Educational degrees obtained from an institution outside the United States must be evaluated by an evaluation service** acceptable to the Florida State Board of Accountancy to determine U.S. equivalence. Provide a transcript evaluation copy from the evaluation service. **List all requested information in complete detail:** exact dates of attendance; credit hours earned by quarter or semester, etc.

OTHER SCHOOLS OR TRAINING (Trade, Vocational, Armed Forces, or Business)

Give name and location of each school, dates attended, subjects studied, certificates, and any other pertinent data.

Professional registration, certification, or licensure: _____
 Type _____
 Official Number _____
 Authorized by (Federal or State Examining Board) _____

Has any disciplinary action ever been taken against your certificate or license? _____ Yes _____ No
 If Yes, please explain _____

If you are not currently a Certified Public Accountant (CPA), do you meet the Florida State Board of Accountancy's educational requirements for licensure? _____ Yes _____ No
 If No, please explain _____

If you are currently a licensed CPA in another state or territory, are you eligible for licensure by the Florida State Board of Accountancy? _____ Yes _____ No
 If No, please explain _____

SPECIAL QUALIFICATIONS AND SKILLS
 (Skills with machines; Patents or inventions; Publications; Public speaking; Foreign language proficiency; Professional or scientific societies; Computer software knowledge; Honors, Awards, and Fellowships, etc.)

If applying for a position which requires typing, please provide your correct WPM typing speed: _____

EMPLOYMENT HISTORY

List your entire work history including part-time, temporary, volunteer jobs, periods of unemployment, and military service. List jobs in reverse order, starting with your present employment status. List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Be thorough and specific in the detailing of duties. A resume is not a substitute for this information.

Are you presently employed? _____ Yes _____ No
 May we contact your present and previous employers regarding your employment? _____ Yes _____ No
 If No, please explain _____

Have you ever been discharged, forced to resign, or had any disciplinary action taken against you for misconduct or poor job performance from any job? _____ Yes _____ No
 If Yes, please explain in the Remarks Section.

PRESENT OR LAST EMPLOYER	TELEPHONE ()	FROM	____/____/____ MO DY YR
COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
DUTIES		ENDING SALARY	_____
		HOURS PER WEEK	_____
		SUPERVISOR'S NAME AND TITLE	_____ _____
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT			

PREVIOUS EMPLOYER	TELEPHONE ()	FROM	____/____/____ MO DY YR
COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
DUTIES		ENDING SALARY	_____
		HOURS PER WEEK	_____
		SUPERVISOR'S NAME AND TITLE	_____ _____
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT			
PREVIOUS EMPLOYER	TELEPHONE ()	FROM	____/____/____ MO DY YR
COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
DUTIES		ENDING SALARY	_____
		HOURS PER WEEK	_____
		SUPERVISOR'S NAME AND TITLE	_____ _____
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT			
PREVIOUS EMPLOYER	TELEPHONE ()	FROM	____/____/____ MO DY YR
COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
DUTIES		ENDING SALARY	_____
		HOURS PER WEEK	_____
		SUPERVISOR'S NAME AND TITLE	_____ _____
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COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
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COMPLETE ADDRESS		TO	____/____/____ MO DY YR
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COMPLETE ADDRESS		TO	____/____/____ MO DY YR
YOUR TITLE		STARTING SALARY	_____
DUTIES		ENDING SALARY	_____
		HOURS PER WEEK	_____
		SUPERVISOR'S NAME AND TITLE	_____ _____
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT			

NOTE: If additional space is needed, please use additional sheets in the above format.

REFERENCES

Please list three references, excluding relatives and former or current employers.

NAME	ADDRESS	TELEPHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOURCE OF INFORMATION

Indicate by check mark (✓) below the source(s) from which you learned about the Auditor General's Office.

- | | |
|--|---|
| <input type="checkbox"/> Newspaper (Name) _____
<input type="checkbox"/> Classified ad <input type="checkbox"/> Feature article | <input type="checkbox"/> University, College, or Other School
(Name) _____ |
| <input type="checkbox"/> Other Publications (Name of Publication) _____ | <input type="checkbox"/> Career Fair (Location) _____ |
| <input type="checkbox"/> Web site
<input type="checkbox"/> Auditor General Web site
<input type="checkbox"/> Other (Name) _____ | <input type="checkbox"/> State Employee (Name of agency where employed)
_____ |
| <input type="checkbox"/> Auditor General Brochure
(Where obtained) _____ | <input type="checkbox"/> State Agency (Name of agency)
_____ |
| <input type="checkbox"/> Recruitment Letter from Auditor General | <input type="checkbox"/> Other (Specify)
_____ |

REMARKS

Use this space for comments as necessary. Attach additional pages, if needed.

APPLICANT'S STATEMENT

If you have any questions regarding the following statements, please contact the Auditor General's Office before signing.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Auditor General permission to contact schools, previous and current employers, references, and others, and hereby release the Auditor General from any liability as a result of such contact. I understand that misrepresentations, omissions of facts, or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand that while the Auditor General makes every effort to provide steady, continuous work, there are no employment contracts for a definite term and the permanence of any position cannot be guaranteed, and that all employees may elect to leave at any time on their own accord to seek other jobs. I further understand that my employment with the Auditor General is for no specific term and may be terminated by me or the Auditor General with or without notice or cause at any time. I further understand that no oral promise, policy, custom, business practice, or other procedure constitutes an employment contract for a definite term or modifies the at-will employment relationship between me and the Auditor General.

I understand the contents of any employee manuals, as well as other Employer policies and practices, are subject to change or modification by the Auditor General solely at his discretion, without notice. I also understand that no supervisor or other official of the Auditor General (except The Auditor General, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

I understand that, if employed, I will be fingerprinted, and I have no objection to my fingerprints being searched through the files of the Florida Department of Law Enforcement and the Federal Bureau of Investigation.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE _____ DATE _____