



**STATE OF FLORIDA
AUDITOR GENERAL
EMPLOYMENT APPLICATION**



G-74 CLAUDE PEPPER BUILDING
111 WEST MADISON STREET
TALLAHASSEE, FLORIDA 32399-1450
(850) 412-2733

AN EQUAL OPPORTUNITY EMPLOYER

INFORMATION AND INSTRUCTIONS

1. 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. The application may be signed electronically and submitted with any attachments to flaudgen_opportunities@aud.state.fl.us. It may also be submitted to the AUDITOR GENERAL, Attn: Employment Opportunities, G-74 Claude Pepper Building, 111 West Madison Street, Tallahassee, Florida 32399-1450.
2. **If 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.** Unofficial 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 that requires a college degree.
3. Determination of eligibility will be measured by the minimum training and experience listed in the Auditor General class specification.
4. 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.
5. 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.
6. 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.
7. 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.
8. The Auditor General complies with the Americans With Disabilities Act of 1990. Assistance in completing this application is available by contacting the Auditor General. 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.
9. Pursuant to the policy of the Auditor General, all employment applications are available for public review, except as prohibited by law.



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APPLICANT INFORMATION

Position(s) Applying For:

Last Name First Name Middle Name

Address: Number and Street, Apt # City County State ZIP Code

Telephone Numbers (Please include area code):

Home Business Cell

E-Mail Address:

Minimum annual salary you are willing to accept: \$ Date available to begin work:

Will you accept employment anywhere in Florida? Yes No

If No, select { } Deland Delray Beach Fort Myers Gainesville Jacksonville Key West Lake City Lakeland Marianna Miami Orlando Panama City Pensacola Port St Lucie Sarasota Tallahassee Tampa

Will you travel if a job requires it? Yes No

Have you ever filed an application with us before? Yes No If Yes, date application filed:

Have you ever been employed with us before? Yes No If Yes, dates of employment:

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 who are 18 through 25 years of age 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 group, please provide your Selective Service Number, if applicable.

Selective Service 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. 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: _____

Disposition of Charges: _____

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

EDUCATION AND TRAINING

List or check highest grade completed: 1-12 or GED _____ College 1 2 3 4 Graduate School 1 2 3 4

LAST HIGH SCHOOL ATTENDED:

Name: _____ City and State: _____

Dates Attended: From MM/YY _____ To MM/YY _____

Received: ____ Diploma _____ MM/YY or ____ GED _____ MM/YY

COMMUNITY COLLEGES, COLLEGES, AND UNIVERSITIES ATTENDED: (Name, City, State)	Dates Attended		Credits Completed		Major	Minor	Degree	
	From MM/YY	To MM/YY	Semester Hours	Quarter Hours			Type	MM/YY Awarded

NOTE: List ALL community colleges, colleges, and universities attended and **provide a transcript from each school.** Unofficial transcripts are acceptable for the application review process. Official transcripts are required for employment. **For educational degrees obtained from an institution outside the United States, provide a copy of a transcript evaluation from an evaluation service. If applying for an auditor position, the evaluation service used must be acceptable to the Florida State Board of Accountancy (Board) and the purpose of the evaluation must be for the Board.** To determine evaluation services acceptable to the Board, contact the Florida Department of Business and Professional Regulation.

OTHER SCHOOLS OR TRAINING (Trade, Vocational, Armed Forces, or Business): Provide school name and location, dates attended, subjects studied, certificates, and any other pertinent data.

PROFESSIONAL REGISTRATIONS, CERTIFICATIONS, AND LICENSURES

Certificates or Licenses you currently possess:

Type _____ Official Number _____ Authorized by (Federal or State Examining Board) _____

Type _____ Official Number _____ Authorized by (Federal or State Examining Board) _____

Has any disciplinary action ever been taken against the certificate(s) or license(s) listed above? ___ Yes ___ No

If Yes, please explain: _____

Have you ever had a certificate or license revoked? ___ Yes ___ No

If Yes, please explain: _____

If you are not currently a Certified Public Accountant, do you meet the Florida State Board of Accountancy's educational requirements for licensure (150 semester / 225 quarter hours of college education that includes a bachelor's degree with major coursework in accounting and 30 semester / 45 quarter hours of upper level accounting courses that include coverage of auditing, cost and managerial accounting, financial accounting, and taxation and 36 semester / 54 quarter hours of upper level [with some exceptions for lower level] general business courses which must include 3 semester / 4 quarter hours of business law courses)?

___ Yes ___ No If No, please explain: _____

If you are currently a licensed Certified Public Accountant in another state or territory, are you eligible for licensure by the Florida State Board of Accountancy? (To determine licensure requirements, contact the Florida Department of Business and Professional Regulation.)

___ Yes ___ No If No, please explain: _____

OTHER QUALIFICATIONS, SKILLS, AWARDS, AND MEMBERSHIPS

For example, list personal computer skills; computer software knowledge; publications; public speaking; foreign language proficiency; professional society memberships; honors, awards, and fellowships; etc.

EMPLOYMENT HISTORY

Are you presently employed? ___ Yes ___ No

Prior to a conditional offer of employment, may we contact your present employer regarding your employment? ___ Yes ___ No

If we may not contact your present employer, please explain: _____

Have you ever been discharged, forced to resign, or had any disciplinary action taken against you for misconduct or poor job performance for any job?

Yes ___ No ___ If Yes, please explain: _____

Start with your present employment status and **list your entire work history** including part-time, temporary, volunteer jobs, periods of unemployment, and military service. List each promotion as a separate employment. Provide accurate, complete information for each period of employment as outlined below. A resume may not substitute for this, however, you may attach a resume as supplemental information.

PRESENT OR LAST EMPLOYER	MAIN TELEPHONE	FROM MM/DD/YY _____
COMPLETE ADDRESS		TO MM/DD/YY _____
JOB TITLE		STARTING SALARY _____
JOB DUTIES		ENDING SALARY _____
		HOURS PER WEEK _____
		SUPERVISOR'S NAME _____
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT		TITLE _____
		TELEPHONE _____

PREVIOUS EMPLOYER	MAIN TELEPHONE	FROM
COMPLETE ADDRESS		MM/DD/YY _____
JOB TITLE		TO
JOB DUTIES		MM/DD/YY _____
		STARTING SALARY _____
		ENDING SALARY _____
		HOURS PER WEEK _____
		SUPERVISOR'S NAME

REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT		TITLE _____
		TELEPHONE _____
PREVIOUS EMPLOYER	MAIN TELEPHONE	FROM
COMPLETE ADDRESS		MM/DD/YY _____
JOB TITLE		TO
JOB DUTIES		MM/DD/YY _____
		STARTING SALARY _____
		ENDING SALARY _____
		HOURS PER WEEK _____
		SUPERVISOR'S NAME

REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT		TITLE _____
		TELEPHONE _____
PREVIOUS EMPLOYER	MAIN TELEPHONE	FROM
COMPLETE ADDRESS		MM/DD/YY _____
JOB TITLE		TO
JOB DUTIES		MM/DD/YY _____
		STARTING SALARY _____
		ENDING SALARY _____
		HOURS PER WEEK _____
		SUPERVISOR'S NAME

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PREVIOUS EMPLOYER	MAIN TELEPHONE	FROM
COMPLETE ADDRESS		MM/DD/YY _____
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COMPLETE ADDRESS		MM/DD/YY _____
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		STARTING SALARY _____
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		TELEPHONE _____

NOTE: If additional space is needed, please attach additional sheets using the above format.

REFERENCES

Please list three references who are **not** relatives or former or current employers.

NAME	E-MAIL ADDRESS	TELEPHONE NUMBER	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOURCE OF INFORMATION

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

Newspaper (Name) _____ Classified Ad Feature Article Other Publications (Name of Publication) _____ Web Site Auditor General Web Site Other(Name) _____ University, College, or Other School (Name) _____	Career Fair (Sponsor) _____ State Employee (Name of Agency Where Employed) _____ State Agency (Name of Agency) _____ Other (Specify) _____
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REMARKS

Use this space for comments or to continue explanations requested in the application, as necessary.

APPLICANT'S STATEMENT

If you have any questions regarding the following statements, please contact the Auditor General 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 universities, colleges, and other 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. 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 my fingerprints will be searched through the databases of the Florida Department of Law Enforcement and the Federal Bureau of Investigation. I have no objections to the fingerprinting and database searches.

By typing or signing your name on the signature line below, you hereby acknowledge that you have read and understand the above statements.

SIGNATURE _____ DATE _____