

# Florida House of Representatives Legislative Fellows Program Application

The Legislative Fellows Program is from October 11, 2024, through May 16, 2025, in Tallahassee, Florida.  
Visit [MyFloridaHouse.Gov/Fellows](https://MyFloridaHouse.Gov/Fellows) for more information.

## Checklist

Submit the following items by the deadline to be considered for the Legislative Fellows Program. Additional Faculty Recommendation forms, and Employer Recommendation forms can be downloaded from [MyFloridaHouse.Gov](https://MyFloridaHouse.Gov). You must use [Adobe Reader](https://www.adobe.com/reader) (free) to fill out the documents.

### Eligibility Requirements

Applicants must be a Florida resident or be enrolled in a Florida school at the time of application. Applicants must have received their bachelor's degree and be enrolled in a graduate program prior to beginning the Legislative Fellows Program. Law school students must be a 2L or 3L to be considered for the program.

- |   |   |
|---|---|
| <input type="checkbox"/> <a href="#">The Florida Legislature Employment Application</a>       | <input type="checkbox"/> <a href="#">Transcripts</a>    |
| <input type="checkbox"/> <a href="#">Legislative Fellows Application</a>                      | <input type="checkbox"/> <a href="#">Writing Sample</a> |
| <input type="checkbox"/> <a href="#">Faculty Recommendation*</a> (2 required)                 | <input type="checkbox"/> <a href="#">Test Scores</a>    |
| <input type="checkbox"/> <a href="#">Employer Recommendation*</a> (1 required, if applicable) | <input type="checkbox"/> <a href="#">Résumé</a>         |

\*Recommendation forms are available to fill out online.

## The Florida Legislature Employment Application & Legislative Fellows Application

The Legislative Fellows Program Application Packet is a PDF form. **Do not use "Preview" on a Mac computer.** The Applications may be typed or hand written. We accept electronic signatures.

- For best results, **DOWNLOAD** the 2024 – 2025 Legislative Fellows Program Application Packet to your desktop, then open and complete it using [Adobe Reader](https://www.adobe.com/reader), as some browsers do not allow for electronic signatures.
- 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.
- "Fill in" text fields have character limits. If you need more space, please attach a resume to provide that information.
- This PDF has been extended to enable users with Adobe Acrobat Reader version 11 and greater to save their data with the form to their hard drives. Users with earlier versions of Acrobat Reader can still fill out the form online, but when the form is closed, the information will be erased.
- Either print by clicking the Acrobat Print button or prepare for electronic submission.

*\*Please complete the Employment History section, if applicable, in The Florida Legislature Employment Application. It is imperative this section of the application is completed in its entirety.*

## Faculty & Employer Recommendations

Recommendation forms are available to fill out online. Please note: Two recommendations from faculty and one recommendation from an employer, if applicable, are required.

- Send this link to a faculty member: <https://forms.gle/EdsSVCqCNijZCS5D9>
- Send this link to an employer: <https://forms.gle/Xrr6aMes2oMVFZur6>

Email [MyFloridaHouse.Gov/Fellows](https://MyFloridaHouse.Gov/Fellows) if you are having trouble obtaining your recommendation forms.

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## Transcripts

Submit one copy of cumulative transcripts (graduate and undergraduate). Electronic or photocopies of transcripts may be submitted.

## Writing Sample

Answer the following questions in essay format:

- Why are you applying to the Legislative Fellows Program and what do you expect to gain from your experience?
- Why did you choose to pursue your present course of study and what are your career plans?
- How will this experience benefit your career goals?
- What is your perception of the Florida Legislature?

Upon request, you may be asked to submit a typed, academic, unpublished paper or brief.

## Test Scores

Submit 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 a fellowship.

## Résumé

Submit your résumé in pdf format.

Questions? Contact us at [Fellows@MyFloridaHouse.Gov](mailto:Fellows@MyFloridaHouse.Gov) with the word "Question" in the subject line.

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**Send all items by email, fax, or mail to the address below by March 22, 2024, Noon.**

Florida House of Representatives  
Office of Administration & Professional Development  
Legislative Fellows Program  
1201 The Capitol  
402 South Monroe Street  
Tallahassee, FL 32399-1300  
850.717.5200 phone 850.487.6440 fax  
[FellowsProgram@MyFloridaHouse.Gov](mailto:FellowsProgram@MyFloridaHouse.Gov)  
[MyFloridaHouse.Gov/Fellows](http://MyFloridaHouse.Gov/Fellows)



# 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) 488-0780  
olshrs@leg.state.fl.us

## APPLICANT INFORMATION

NAME (Last, First, Middle)	(Prior)	HOME / CELLULAR TELEPHONE
MAILING ADDRESS		BUSINESS TELEPHONE
CITY, STATE, COUNTY, ZIP		EMAIL ADDRESS
POSITION APPLIED FOR: _____		
DATE AVAILABLE: _____ COUNTY PREFERENCE: _____		

## ACKNOWLEDGMENTS

Please initial each of the three statements below to acknowledge you have read and understand before submitting your application for employment.

### FRS RETIREES

The Florida Legislature is a participating employer in the Florida Retirement System (FRS). Applicants who previously retired or have taken a distribution from the FRS may be reemployed by an FRS employer only after satisfying certain required waiting periods connected with the Investment or Pension Plans. If you have previously retired or taken a distribution from the FRS, please contact the FRS at [1-866-446-9377 (TRS 711)] regarding the waiting periods. \_\_\_\_\_

### OUTSIDE EMPLOYMENT

A candidate hired by the Florida Legislature is required to obtain prior approval for outside employment. If your request for approval is denied, you will have to resign from your outside employment in order to remain employed by the Legislature. \_\_\_\_\_

### EMPLOYMENT RESTRICTIONS

Employees of the Florida Legislature are subject to the provisions of Section 11.26, Florida Statutes. Certain positions within the Legislature may also be subject to the post-employment prohibitions described in Section 112.313(9) which applies employment restrictions for two years after Legislative employment. \_\_\_\_\_

# EDUCATION

**Pursuant to Joint Policy and to verify education, once employed you must submit an official college transcript reflecting the highest level of education and/or coursework completed or conferment of degree to Human Resources.**

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, # OF HRS. EARNED	
	YES	NO					QTR	SEM
High School								
College/ University								
Graduate/ Professional								
Other								

**LICENSES • CERTIFICATIONS • SPECIAL SKILLS**

Please indicate typing, computer/word-processing 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 but completion of this form is required.\*\***

## 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: \_\_\_\_\_

## 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 EVER BEEN CONVICTED OR PLED NOLO CONTENDERE TO A FELONY OR A FIRST DEGREE MISDEMEANOR? A conviction includes a plea of guilty, a guilty verdict, or finding of guilt, regardless of whether the sentence is imposed or adjudication is withheld. YES \_\_\_\_ NO \_\_\_\_

If "YES", what were the charges?

\_\_\_\_\_  
\_\_\_\_\_

Where were you convicted (city and state)? \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

A "YES" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.].

## REFERENCES

Please list three references excluding relatives and former employers. Include the name, phone number, and email address.

Name	Phone	Email
1.		
2.		
3.		

## 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? 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, prohibits employment by the State (including re-hire after a break in service) of any male born after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the State, this law prohibits the promotion of such person.

IF YOU ARE A MALE BORN AFTER OCTOBER 1, 1962, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES \_\_\_ NO \_\_\_ Not Applicable \_\_\_

## 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: \_\_\_\_\_

*Manual or electronic signatures are accepted.  
All employment applications, pursuant to legislative policy, are available for review by the public.*



# Florida House of Representatives Legislative Fellows Program Application

Applicant Name \_\_\_\_\_

Applicant Email \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Alternative Email \_\_\_\_\_

Have you previously applied to the Legislative Fellows Program? Yes      No      If yes, when?

**Education**

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

*Law school students only:* What year will you be in September 2024?

**(B) Graduate Entrance Exams**

GRE	LSAT	GMAT
Date taken: Verbal Score: Percentile: <i>Quantitative</i> Score: Percentile: <i>Analytical</i> 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 2024 – 2025 Legislative Fellows Program?

**(D)** Additional information about your educational experience that you want considered in this application:

**Computer Knowledge & Skills**

## Policy & Budget Areas

Participants are assigned to work with policy or budget areas during their fellowship. Please indicate the areas of interest to you. A brief narrative regarding each area of jurisdiction is provided to assist you with your choices. Please provide a short explanation of the reasons for your choices.

### [Appropriations](#)

Produces the House's proposed budget and conforming and implementing legislation. The committee provides legislative oversight regarding the expenditure of appropriated funds, reviews the Governor's budget recommendations and agency legislative budget requests, and analyzes trust funds for creation, termination or modification.

### [Commerce](#)

Considers matters related to Florida's economy, business and professional regulation; energy, utilities, telecommunications, and cybersecurity policy; the regulation of insurance companies and financial entities; and gaming regulation.

### [Education & Employment](#)

Considers matters related to Florida's education system, from early education through post-secondary education, adult education, and job training. Additionally, the committee has jurisdiction over policies and programs providing opportunities for all Floridians to prepare for the 21st century workforce.

### [Health & Human Services](#)

Examines issues related to health care provider regulation, health insurance regulation, and public health. This policy area also includes the extent and manner in which government provides a safety net for low-income or otherwise vulnerable Floridians.

### [Infrastructure Strategies](#)

Considers matters related to planning for Florida's growth, including transportation, water, flood resilience, land acquisition, and infrastructure planning. The committee also considers matters related to Florida's agriculture and citrus industries, conservation of natural resources, fish and wildlife issues, water quality and supply, and transportation services.

### [Judiciary](#)

Considers civil and criminal law issues, including public safety and the administration of the court system.

### [Rules](#)

Submits Special Order Calendars for adoption by the House. The committee also recommends procedures for the management of the floor process.

### [State Affairs](#)

Considers matters related to state agency governance, local government oversight and accountability, emergency management, administrative procedure, affordable housing, state and local government retirement programs and benefits, elections, and ethics and standards of conduct for public officers and employees, including House members.

### [Ways & Means](#)

Encompasses issues concerning all state and local taxes and select non-tax revenue sources, and addresses statutory and constitutional policy regarding tax rates, tax base design, and collection and enforcement parameters. The committee's work also addresses debt financing policy, tax administration, and enforcement of tax laws.

### [Majority Office](#)

Handles matters related to the interests of the House's majority party. Particularly priority is placed on assisting Members in achieving their legislative goals and objectives, providing Members with consistent communications support, and communicating the message of the House majority regarding the issues affecting Florida's Future.

### [Minority Office](#)

Handles matters related to the interests of the House's minority party. Particularly priority is placed on assisting Members in achieving their legislative goals and objectives, providing Members with consistent communications support, and communicating the message of the House minority regarding the issues affecting Florida's Future.

1st Preference

Provide a short explanation of your choice below:

2nd Preference

Provide a short explanation of your choice below:

## Honors & Activities

Indicate in the appropriate space below if you have been involved in or have received any of the following:

Scholarships  
& Fellowships

Honors &  
Awards

Leadership  
Positions

Internships  
*(Not listed  
under  
employment)*

Volunteer  
Work

Publications

Professional  
Associations

Other

## Faculty & Employer Recommendations

List two faculty members and one employer from whom you will request recommendations. Recommendation forms should be filled out by the faculty member/employer and sent by email, fax, or mail to the address on the application instructions. Please note that persons appearing on the recommendation forms may be subject to additional questions from House staff. It is the applicant's responsibility to make sure that recommendations are received by **March 22, 2024, Noon**.

Recommendation forms are available to fill out online.

- Send this link to a faculty member: <https://forms.gle/EdsSVCqCNijZCS5D9>
- Send this link to an employer: <https://forms.gle/Xrr6aMes2oMVfZur6>

Faculty Member Name & Address

Telephone/Email

(1)

(2)

Employer Name & Address

Telephone/Email

(1)

# Florida House of Representatives Faculty Recommendation



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%
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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
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Did this applicant demonstrate other communication skills? Please specify:

Why do you think this applicant would be a good candidate for the Legislative Fellows Program?

*The Legislative Fellows Program provides college graduates pursuing a graduate degree with an opportunity to experience the legislative process and public policy making.*

Send this form by email, fax, or mail to the address below by  
**March 22, 2024, Noon**

**Florida House of Representatives**  
**Office of Administration & Professional Development**  
**Legislative Fellows Program**  
1201 The Capitol  
402 South Monroe Street  
Tallahassee, FL 32399-1300  
850.717.5200 phone 850.487.6440 fax  
FellowsProgram@MyFloridaHouse.Gov  
MyFloridaHouse.Gov/Fellows

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

# Florida House of Representatives Employer Recommendation



Applicant Name Phone  
Applicant Email  
Employer Name Phone  
Employer Address Email

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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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Send this form by email, fax, or mail to the address below by  
**March 22, 2024, Noon**

**Florida House of Representatives**  
**Office of Administration & Professional Development**  
**Legislative Fellows Program**  
**1201 The Capitol**  
**402 South Monroe Street**  
**Tallahassee, FL 32399-1300**  
**850.717.5200 phone 850.487.6440 fax**  
**FellowsProgram@MyFloridaHouse.Gov**  
**MyFloridaHouse.Gov/Fellows**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title