



## DEPARTMENT OF FINANCIAL SERVICES — RECEIVER DIVISION OF REHABILITATION AND LIQUIDATION RECEIVERSHIP EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.\*

\*If you require special accommodation because of a disability to participate in the application/selection process, you must notify the hiring authority in advance.

**THIS IS NOT AN EMPLOYMENT APPLICATION FOR A STATE OF FLORIDA POSITION, BUT RATHER A RECEIVERSHIP VACANCY. INDIVIDUALS SELECTED TO FILL RECEIVERSHIP POSITIONS ARE EMPLOYEES OF THE RECEIVER UNDER THIS DIVISION'S STEWARDSHIP.**

**NOTE:** This application must be completed in its entirety and signed if you wish to be considered for employment by the Receiver. Please type or print in ink. Information submitted on the application is subject to verification. Photocopies are acceptable. The Receiver hires only U.S. citizens and lawfully authorized alien workers. **ALL EMPLOYEES OF THE DIVISION OF REHABILITATION AND LIQUIDATION MUST BE BONDABLE UNDER THE DIVISION'S FIDELITY BOND AND INSURABLE UNDER THE DIVISION'S VEHICLE LIABILITY COVERAGE.**

POSITION APPLIED FOR	POSITION #	DATE AVAILABLE
		/ /
A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH VACANCY		MONTH DAY YEAR

### APPLICANT INFORMATION

<p>_____</p> <p>SOCIAL SECURITY NUMBER use only last 4 digits</p> <p>_____</p> <p>FULL NAME</p> <p>_____</p> <p>MAILING ADDRESS</p> <p>_____</p> <p>_____</p> <p>CITY STATE ZIP CODE</p>	<p>HOW MAY WE CONTACT YOU?</p> <p>( )</p> <p>_____</p> <p>HOME PHONE</p> <p>( )</p> <p>_____</p> <p>WORK PHONE</p> <p>( )</p> <p>_____</p> <p>CELL PHONE</p> <p>_____</p> <p>E-MAIL</p> <p>_____</p>
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<p><b>EDUCATION</b> HIGH SCHOOL</p> <p>NAME: _____</p> <p>CITY, STATE _____</p>	<p>Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Completion</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None, highest grade completed _____</p>
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YOUR NAME WHILE ATTENDING SCHOOL, IF DIFFERENT FROM APPLICATION \_\_\_\_\_

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL	DATES OF ATTENDANCE (Month/Year)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	DID YOU GRADUATE?	TYPE OF DEGREE RECEIVED
	NAME	CITY, STATE	FROM	TO			
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR NAME WHILE ATTENDING SCHOOL, IF DIFFERENT FROM APPLICATION \_\_\_\_\_

BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL, OR VOCATIONAL SCHOOLS	DATES OF ATTENDANCE (Month/Year)		CREDIT HOURS EARNED		AREA OF STUDY	DID YOU GRADUATE?	TYPE OF DIPLOMA OR CERTIFICATE RECEIVED
	NAME	CITY, STATE	FROM	TO			
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR NAME WHILE ATTENDING SCHOOL, IF DIFFERENT FROM APPLICATION \_\_\_\_\_

## DEPARTMENT OF FINANCIAL SERVICES — RECEIVER DIVISION OF REHABILITATION AND LIQUIDATION VOLUNTARY EEO SURVEY

Completion of this EEO Survey is not mandatory. The following information is requested to aid the Receiver in its commitment to Equal Employment Opportunity. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.

a. SEX:    MALE    FEMALE

b. DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c. RACE (Check only one)

WHITE (NOT HISPANIC ORIGIN) – Persons having origins of the original peoples of Europe, North Africa, or the Middle East.

BLACK or AFRICAN AMERICAN (NOT HISPANIC ORIGIN) – Persons having origins in any of the black racial groups of Africa.

HISPANIC or LATINO – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

NATIVE HAWAIIAN or other PACIFIC ISLANDER – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.

AMERICAN INDIAN or ALASKA NATIVE – Persons with origins in the original peoples of North, South or Central America who maintains tribal affiliation or community attachment.

ASIAN – Persons with origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

OTHER (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LICENSURE, REGISTRATION, CERTIFICATION

Examples include Florida Drivers, CDL, CPA, etc.	License, Registration, or Certification Number	Date Received	Expiration Date

**SKILLS:** List other skills you possess and believe relevant to the position you seek, such as typing speed, computer skills (software), office equipment, etc. Approximate typing speed ( ) c.w.p.m.

**LANGUAGES:** Are you fluent in any language(s) other than English?  YES  NO

If "YES" which language(s)? \_\_\_\_\_

### EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. RESUMES ARE ACCEPTABLE FOR SUPPLEMENTING THE APPLICATION. **ALL INFORMATION IN THIS SECTION MUST BE COMPLETED.**

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Check one box:  
 You may contact my current employer prior to an offer of employment.  
 Please do not contact my current employer prior to an offer of employment.

Your name while employed in this job, if different from application: \_\_\_\_\_

\*Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
*(If currently employed, state reason you want to leave.)*

**2** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

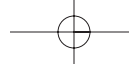
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your name while employed in this job, if different from application: \_\_\_\_\_

\*Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_



3

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR STARTING ENDING

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your name while employed in this job, if different from application: \_\_\_\_\_

\*Duties and Responsibilities: \_\_\_\_\_

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

Reason(s) for Leaving: \_\_\_\_\_

4

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR STARTING ENDING

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your name while employed in this job, if different from application: \_\_\_\_\_

\*Duties and Responsibilities: \_\_\_\_\_

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

Reason(s) for Leaving: \_\_\_\_\_

5

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR STARTING ENDING

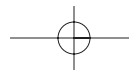
Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your name while employed in this job, if different from application: \_\_\_\_\_

\*Duties and Responsibilities: \_\_\_\_\_

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

Reason(s) for Leaving: \_\_\_\_\_



FOR OFFICE USE ONLY:

**CITIZENSHIP**

ARE YOU A CITIZEN OF THE U.S.?

YES  NO

If "No" do you possess one of the following: an I-151 Card, an I-94 Card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service?  YES  NO

**NOTE:** If your answer is "No" to both, you are ineligible for employment with the Receiver. The Receiver hires only U.S. citizens and lawfully authorized alien workers.

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES  NO

If "YES", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_

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

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_

Date \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** A "YES" answer to these questions 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.

**RELATIVES**

To your knowledge, do you have any relatives working in this division?

YES  NO

**CERTIFICATION:** I am aware that any omissions, falsifications, misstatement, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Receiver for employment purposes. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. **If offered employment by the Receiver, I understand that I will not be an employee of the State of Florida or the Florida Department of Financial Services. I will be an employee of the Receiver, and I will serve at the pleasure of the Receiver, the Receivership Court, and the Director of the Division of Rehabilitation and Liquidation. I am further aware that the Receiver is a private, at-will employer, and my employment may be terminated at any time with or without cause. If offered employment, I further understand that the continuation of such employment will be contingent upon my ability to be bonded under the division's fidelity bond, my insurability under the division's vehicle liability coverage and, among other things, the existence of sufficient Receivership funds to pay Receivership administrative costs. I understand that it is my responsibility to request any necessary explanation or clarification concerning the terms of Receivership employment from the Receivership Human Resources Office prior to accepting employment from the Receiver.**

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SIGNATURE \_\_\_\_\_

DATE   /   /