

**LEON COUNTY RESEARCH AND DEVELOPMENT AUTHORITY  
EMPLOYMENT APPLICATION**

<p><b>Where to find information regarding this position:</b></p> <ul style="list-style-type: none"> <li>On the Internet at: <a href="http://www.innovation-park.com/">http://www.innovation-park.com/</a></li> <li>Leon County Research and Development Authority 1736 W. Paul Dirac Drive Tallahassee, FL 32310      Phone: (850) 575-0343</li> </ul> <p style="text-align: center;"><i>Equal Opportunity Employer</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: black; color: white; text-align: center;">POSITION APPLIED FOR</th> </tr> <tr> <td style="padding: 2px;"> <b>Job Title:</b> Office Manager and Executive Assistant to Executive Director, Leon County Research and Development Authority                 </td> </tr> <tr> <td style="padding: 2px;"> <b>Date of Application:</b> </td> </tr> <tr> <td style="padding: 2px;"> <b>Date Available for Employment:</b> </td> </tr> </table>	POSITION APPLIED FOR	<b>Job Title:</b> Office Manager and Executive Assistant to Executive Director, Leon County Research and Development Authority	<b>Date of Application:</b>	<b>Date Available for Employment:</b>
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INSTRUCTIONS	HOW MAY WE CONTACT YOU													
<ul style="list-style-type: none"> <li>Complete this application in its entirety. Type or print in ink.</li> <li>Submit the application, cover letter and resume as a merged PDF file to: <a href="mailto:ckunst@inn-park.com">ckunst@inn-park.com</a>:</li> <li>Alternatively, mail your application, cover letter and resume, all in a format suitable for black and white photocopying, to:   <div style="text-align: center;">                     Leon County Research and Development Authority                      Attn: LCRDA Office Manager Search                      1736 W. Paul Dirac Dr.                      Tallahassee, FL 32310                 </div> </li> <li>Application must be complete and accurate. All information you submit is subject to verification. False statements are grounds for disqualification or employment termination.</li> <li>Print your name at the bottom of pages 2, 3 and 4.</li> <li><b>Sign your name on the signature line on page 4.</b></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Your Name</td> </tr> <tr> <td style="padding: 2px;">Your Current Address</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">County</td> <td style="width: 15%; border: none;">State</td> <td style="width: 19%; border: none;">Zip</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">(Mailing Address if Different from Above)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Home Phone</td> <td style="width: 33%; border: none;">Cell Phone</td> <td style="width: 34%; border: none;">Work Phone</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">Other Names You Have Used in the Past:</td> </tr> </table>	Your Name	Your Current Address	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">County</td> <td style="width: 15%; border: none;">State</td> <td style="width: 19%; border: none;">Zip</td> </tr> </table>	City	County	State	Zip	(Mailing Address if Different from Above)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Home Phone</td> <td style="width: 33%; border: none;">Cell Phone</td> <td style="width: 34%; border: none;">Work Phone</td> </tr> </table>	Home Phone	Cell Phone	Work Phone	Other Names You Have Used in the Past:
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<b>Have you ever been a defendant in a civil action for intentional tort?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, BELOW, describe the nature of the intentional tort and the disposition of the action.</b>

CRIMINAL HISTORY INFORMATION	Please read the following carefully before you complete this section		
<p>If your answers to the following questions on criminal history are not truthful, you may not be hired. If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.</p> <p>A "YES" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense(s) in relation to the duties of the position for which you are applying are considered. <b>Prior to employment, a criminal history screening will be conducted on the selected applicant to verify the information below.</b></p>			
<p><b>1. Have you ever been convicted of a felony or a first-degree misdemeanor?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If "YES", what were the charges?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Date of Conviction</td> <td style="width: 70%; border: none;">Where Convicted</td> </tr> </table>		Date of Conviction	Where Convicted
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<p><b>2. Have you ever plead Nolo Contendere or pled Guilty to a crime that is a felony or first-degree misdemeanor?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If "YES", what were the charges?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Date</td> <td style="width: 70%; border: none;">Where</td> </tr> </table>		Date	Where
Date	Where		
<p><b>3. Have you ever had the adjudication of guilt withheld for a crime that is a felony or first-degree misdemeanor?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If "YES", what were the charges?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Date</td> <td style="width: 70%; border: none;">Where</td> </tr> </table>		Date	Where
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<b>DRIVER'S LICENSE</b>	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it a commercial license? <input type="checkbox"/> YES <input type="checkbox"/> NO
Class and Endorsements: _____		

<b>CITIZENSHIP/AUTHORIZATION TO WORK</b>	The Leon County Research and Development Authority hires only United States citizens and lawfully authorized alien workers. If offered employment, you must provide proof of citizenship or authorization to work in the U.S.
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, do you possess an I-151, an I-1551, or an I-94 card stamped "Employment Authorized?" <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>VETERANS' PREFERENCE</b>	Check the appropriate block if you are claiming veterans' preference. <b>Documentation substantiating your claim must be furnished at the time of application.</b>				
<input type="checkbox"/>	1. As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.				
<input type="checkbox"/>	2. As the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.				
<input type="checkbox"/>	3. As a veteran of any war who has served on active duty during a wartime era.				
<input type="checkbox"/>	4. As the unmarried widow or widower of a veteran who died of a service-connected disability.				
<table style="width:100%; border:none;"> <tr> <td style="width:33%; text-align:center;">Branch of Service _____</td> <td style="width:33%; text-align:center;">Date of Entry _____</td> <td style="width:33%; text-align:center;">Date of Honorable Discharge _____</td> </tr> </table>			Branch of Service _____	Date of Entry _____	Date of Honorable Discharge _____
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Have you ever claimed veteran's preference and entered into covered employment by a covered employer since 10/1/1987? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, Name of Employer: _____					

<b>RELATIVES IN LEON COUNTY RESEARCH AND DEVELOPMENT AUTHORITY EMPLOYMENT</b>	To your knowledge, do you have any relatives working for the Leon County Research and Development Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please list <b>name and relationship</b> below.			

EDUCATION AND TRAINING					
LEVEL	INSTITUTIONNAME/ADDRESS	MAJOR/MINOR	LEVEL COMPLETED	GRADUATED	DEGREE
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other					

LICENSURE/BONDING	
List any professional or occupational licenses, certificates, or registrations which you currently hold.	
Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, on what jobs?

**Applicant's Name (please print):** \_\_\_\_\_

**WORK RECORD**

**Work history must be completed on this form.** While resumes are requested for this position, resumes and other attachments **will not** be accepted in place of filling out this section. Resumes may provide more specific descriptions of duties and responsibilities.

List all previous employment. Begin with your **PRESENT** or most recent job and describe all periods of employment. Provide complete information for each position. Include volunteer work or hobbies where you gained relevant experience or skills. Use additional copies of the form, if needed.

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Applicant's Name (please print): \_\_\_\_\_

<b>OFFICE SKILLS</b>		Please indicate areas of competency (if applicable).	
<input type="checkbox"/> Computer: Word Processing			
<input type="checkbox"/> Computer: Spreadsheets			
<input type="checkbox"/> Computer: Databases			
Please list specific software expertise:			
<b>OTHER SKILL AREAS/ TRAINING</b>		List below any courses, seminars, workshops, conferences, or other training that are <b>especially relevant</b> in preparing you for this position. Please list only relevant courses, but be sure to give complete and meaningful information so your training can be evaluated fairly (course title, length, content, etc.).	
<b>Date</b>	<b>Title</b>	<b>Length</b>	<b>Relevant Content</b>

<b>REFERENCES</b>		Give below the names of three persons not related to you whom you have known at least one year.	
<b>NAME</b>	<b>ADDRESS/BUSINESS/PHONE</b>	<b>YEARS</b>	

<b>SPECIAL ACCOMMODATION REQUESTED TO PARTICIPATE FURTHER IN EMPLOYMENT PROCESS</b>	Please complete the following to notify the Leon County Research and Development Authority in advance if, due to a disability, you require special accommodations to participate further in the employment process.
<input type="checkbox"/> <b>YES</b> , I am requesting accommodation(s) to participate further in the employment application process.	
<input type="checkbox"/> <b>NO</b> , I am not requesting accommodation(s) to participate further in the employment application process.	
If "YES", what type of accommodation(s) do you believe would be effective?	

<b>CERTIFICATION OF APPLICANT</b>	Please read carefully.
<p>I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may cause my application not to be considered; or, if I am employed, may cause my immediate dismissal. I authorize the Leon County Research and Development Authority's Board of Governors' Search Committee, its members and its designee to verify information contained in this application and attachments. I further authorize anyone having such information to release it. <u>I understand that a criminal background check and a credit check is a required condition of employment.</u> I further understand that, if I am selected for employment, prior to appointment I will be required to successfully pass a pre-employment drug test. I have no objection to having my record cleared through appropriate law enforcement agencies.</p>	

Signature

Date

Applicant's Name (please print): \_\_\_\_\_