

STATE OF FLORIDA  
**FLORIDA DEPARTMENT OF THE LOTTERY**  
250 MARRIOTT DRIVE • TALLAHASSEE, FLORIDA • 32301

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**Supplemental Application**

The following additional documents are required as soon as possible:

1. Photostatic copy of high school diploma or certificate and/or college diploma.
2. Photostatic copy Form DD 214 (applies to previous military personnel only).

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Positions(s) for Which Applying

**NOTICE:** Application must be typewritten or printed legibly in black ink. All questions must be answered. If a question is not applicable, indicate by NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. Please be specific when completing application to insure all information is complete, true and correct. Omission of facts will be perceived as falsification and could be grounds for nonemployment or dismissal. Your social security number is required pursuant to subsection 24.108(4), Florida Statutes, and will be used to conduct a thorough background investigation, including financial, criminal, and employment history, as well as for internal cross-referencing.

**A. Name in Full:** \_\_\_\_\_  
Last Name First Name Middle Maiden

**B. List all other names you have used and include circumstances and time periods under which names were used:**

\_\_\_\_\_

**C. Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**D. Social Security Number:** \_\_\_\_\_

**E. Current Address:**

\_\_\_\_\_  
Street Address Apt. No. Home Phone  
\_\_\_\_\_  
City County State Zip Code Work Phone

**F. Race** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair Color** \_\_\_\_\_ **Eye Color** \_\_\_\_\_

**G. List chronologically all of your residences since your 18th birthday or the last 10 years, whichever period is shorter (include addresses while attending school if away from home, military address, etc.).**



4. Name of Next Previous Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
5. Name of Next Previous Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
6. Name of Next Previous Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
7. Name of Next Previous Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**J. ARREST HISTORY/COURT RECORD**

1. Have you ever received a notice or summons to appear for any criminal violations?  Yes  No
2. Have you ever been arrested or charged with any criminal violation?  Yes  No (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Agency	Charge	Final Disposition

3. Provide details of all criminal arrests listed above. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- K.** Are you a licensed automobile operator?  Yes  No  
 State: \_\_\_\_\_ License No. \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**L. MILITARY RECORD**

1. Have you ever served in the Armed Forces of the United States?  Yes  No  Active  Reserves

Highest rank attained in military service: \_\_\_\_\_

2. Branch of military service: \_\_\_\_\_ Date(s) of Duty: \_\_\_\_\_

3. Discharge: Type of \_\_\_\_\_

Basis \_\_\_\_\_

Separation Center \_\_\_\_\_

4. Was any disciplinary action taken against you in the service?  Yes  No

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**M. REFERENCES AND ACQUAINTANCES**

1. Give three business references who are responsible adults of reputable standing in their communities, such as householder, property owners, business or professional men or women, who have known you well during the past five (5) years.

A. Complete Name: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

B. Complete Name: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

C. Complete Name: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

2. Give three social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

A. Complete Name: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

B. Complete Name: \_\_\_\_\_  
Last First Middle  
 Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_  
 Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

C. Complete Name: \_\_\_\_\_  
Last First Middle  
 Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Acquainted: \_\_\_\_\_  
 Complete Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Complete Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

3. Are you related in any way to an employee of a Florida Lottery vendor or an executive or legislative branch lobbyist?

Yes  No  If yes, please identify the individual and your relationship. \_\_\_\_\_  
 \_\_\_\_\_

**N. EDUCATION**

(Circle last grade completed) 6 7 8 / 9 10 11 12 / 13 14 15 16 / 17 18 19 20

**HIGH SCHOOL:**

NAME/ADDRESS OF SCHOOL: _____ _____ _____ DATES ATTENDED: FROM: _____ TO: _____ DID YOU GRADUATE? YES _____ NO _____	<b>DIPLOMA</b> DATE RECEIVED: _____ <b>GED</b> DATE RECEIVED: _____ LOCATION: _____ COUNTY STATE <b>OTHER</b> (Please explain): _____
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**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

**SPECIAL QUALIFICATIONS AND SKILLS**

List any qualification, skill, registration, licensure or certification which you now hold or have held. Include license or registration number and date. (Examples: Business or occupational licenses, member of Bar, CPA, etc.)

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

O. I understand that any appointment rendered me will be contingent upon the results of a complete background investigation, and I am aware that withholding information or making false statements on this application will be the basis for nonemployment or dismissal from the Florida Department of the Lottery. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete. I understand that I may be required to submit a copy of my Income Tax Return for the year prior to employment and may be required to submit a copy of my Income Tax Return each year thereafter while employed by the Department. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application. I also understand an employee of the Department of the Lottery is exempt from appeal rights to the PUBLIC EMPLOYEE RELATIONS COMMISSION under Florida Statutes.

I authorize any of the persons or organizations referenced in this application to give the Florida Lottery any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, and release all such parties from all liability for any damage that may result from furnishing such information to you. I agree to conform to the rules and regulations of the Department and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Department at any time, at the Department's sole option, and without any prior notice to me.

Under the Federal Privacy Act, disclosure of a person's Social Security number is voluntary unless a Federal statute specifically requires such disclosure or allows states to collect the number. For applicants and employees, disclosure of the Social Security number on this form is voluntary for purposes of the Privacy Act.

Under Section 119.071(5), Florida Statutes, an agency may collect Social Security numbers if it is imperative for the performance of the agency's duties and responsibilities. Notice is hereby provided that it is imperative that the Florida Lottery collect the Social Security numbers of applicants and employees in order to conduct the background investigations necessary to implement Section 24.105(19), Florida Statutes, because Social Security numbers are used as an identifier in the databases searched. The Lottery may also provide this information to law enforcement agencies to enforce criminal laws.

\_\_\_\_\_  
Signature of the applicant as usually written (Do not use nicknames)

Date \_\_\_\_\_