

APPLICATION FOR INTERNSHIP

11TH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY, FLORIDA



EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER

Position(s) applied for: (1) _____ (2) _____

Please check: Full time Part time Summer Employment

Date available to start: _____ Hours available to work: _____

*****NOTICE TO APPLICANT*****

PLEASE READ BEFORE COMPLETING APPLICATION: ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED FULLY IN ORDER FOR THIS OFFICE TO CONSIDER YOU FOR EMPLOYMENT OPPORTUNITIES.

SECTION A: Social Security #: XXX-XX-_____
PRINT YOUR LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD:

_____ (FIRST) _____ (MIDDLE) _____ (LAST)

ADDRESS: _____ (STREET), _____ (CITY), _____ (STATE), _____ (ZIP)

TELEPHONE: (H) _____ (W) _____ (C) # _____

eMail Address: _____

SECTION B - EDUCATION:

High School or GED _____ Yes _____ No **Name of School:** _____

COLLEGE NAME	MAJOR	CREDIT HOURS EARNED	ACADEMIC DEGREE EARNED	GRADUATED YES or NO	
Other Education (Technical, etc.)	MAJOR	CREDIT HOURS EARNED	CERTIFICATE YES or NO	GRADUATED YES or NO	
NAME OF LAW SCHOOL			LSAT SCORES	CREDIT HOURS EARNED	GRADUATED YES or NO

SPECIAL HONORS AND EXTRACURRICULAR ACTIVITIES:

Education: _____

Community: _____

Please ensure all employment information on this application is true and accurate, and that no attempt has been made to conceal pertinent information. Any omissions, falsifications, mis-statements, or mis-representations may disqualify you for employment consideration and if hired, could be grounds for termination at a later date.

SECTION C - EMPLOYMENT HISTORY (List most recent employment first and list only employment for the last 10 years):

1. Employer: _____ Position Held: _____
Address: _____ City: _____ ST: _____ Zip: _____
Supervisor: _____ Telephone: _____ Hours per week: _____
Dates of Employment: **From (Month/Year):** _____ **To (Month/Year):** _____
Salary (**Choose One**): Annual: _____ Monthly: _____ Hourly: _____
Job Responsibilities: _____

Reason for leaving (*If still employed, reason you want to leave*): _____

2. Employer: _____ Position Held: _____
Address: _____ City: _____ ST: _____ Zip: _____
Supervisor: _____ Telephone: _____ Hours per week: _____
Dates of Employment: **From (Month/Year):** _____ **To (Month/Year):** _____
Salary (**Choose One**): Annual: _____ Monthly: _____ Hourly: _____
Job Responsibilities: _____

Reason for leaving (*If still employed, reason you want to leave*): _____

SECTION C - EMPLOYMENT HISTORY CONTINUED:

3. Employer: _____ Position Held: _____
Address: _____ City: _____ ST: _____ Zip: _____
Supervisor: _____ Telephone: _____ Hours per week: _____
Dates of Employment: **From (Month/Year):** _____ **To (Month/Year):** _____
Salary (**Choose One**): Annual: _____ Monthly: _____ Hourly: _____
Job Responsibilities: _____

Reason for leaving (*If still employed, reason you want to leave*): _____

4. Employer: _____ Position Held: _____
Address: _____ City: _____ ST: _____ Zip: _____
Supervisor: _____ Telephone: _____ Hours per week: _____
Dates of Employment: **From (Month/Year):** _____ **To (Month/Year):** _____
Salary (**Choose One**): Annual: _____ Monthly: _____ Hourly: _____
Job Responsibilities: _____

Reason for leaving (*If still employed, reason you want to leave*): _____

SECTION E - MISCELLANEOUS:

1. Have you ever been arrested or cited for any crime or offense? Florida Statutes 112.011(2)(a) and 943.058 authorize the asking of this question. Please refer to attached ADDENDUM I on page 9 to respond.

2. Have you ever been ordered to pay child support? Yes No

a. If yes, in what County or State? _____

b. Have you ever been delinquent in your child support payments? Yes No

3. Do you have any objections to being fingerprinted and having your background investigated? Yes No

If yes, why? _____

4. Have you ever been disciplined or discharged for fighting, assaults, or related behavior? Yes No

If yes, please explain _____

5. Do you have any objections to your present employer being contacted? Yes No

If yes, please explain: _____

6. Do you feel you are qualified to work under pressure? Yes No

7. Have you ever applied for employment at this Office? Yes No

If yes, under what name: _____

Month and year you applied: _____

8. How did you learn about our organization/company? Advertisement Relative Inquiry

Employment Agency Friend Other: _____

What internet site or source did you use to see our posted positions: _____

SECTION F - SPECIAL SKILLS: (Answer where applicable)

Language fluency: Speak Read Write _____

Particular investigative training or experience: _____

Particular legal writing training or experience: _____

Clerical skills: Typing speed _____ W.P.M.; Dictating and/or other office equipment you can operate: _____

List any additional job-related skills: _____

SECTION H - REFERENCES:

Friends or relatives employed by this office:

1. _____
(Name) (Department) (Relationship)
2. _____
(Name) (Department) (Relationship)

Character references - list three persons who have known you for five or more years - do not include relatives or former employers:

1. _____
(Name) (Complete Address) (Telephone)
2. _____
(Name) (Complete Address) (Telephone)
3. _____
(Name) (Complete Address) (Telephone)

SECTION I - CERTIFICATION:

**** READ BEFORE SIGNING ****

I hereby certify that all statements made on this form are true and correct, and that no attempt has been made to conceal pertinent information. I am aware that any **omissions, falsifications, misstatements, or misrepresentations** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I authorize my former employers, schools, personal references and institutions of credit to provide any information that they may have regarding me, whether or not it is on their records. I hereby release them and their company from liability for divulging same. I further understand that if employed, a background investigation will be made and should such investigation reveal any misrepresentation, I will be subject to immediate dismissal; and I agree to hold the State Attorney's Office and persons named herein blameless in that event.

As a condition of employment, I agree that I will hold in strict confidence and will not disclose any information which I receive in the course of my employment relating in any manner to the proceedings of the State Attorney's Office or any other affiliated agency.

Date: _____ **Signature:** _____

EMPLOYMENT ELIGIBILITY

We appreciate your interest in considering employment with the State Attorney's Office. The Immigration Reform and Control Act of 1986 requires that we hire only United States citizens or aliens lawfully authorized to work in the United States. Therefore, we wish to inform you again that before beginning employment, you must provide proof of citizenship or other authorized documentation to work in the United States. You may present one document from List A **OR** one document from List B **and** one document from List C.

LIST A

UNITED STATES PASSPORT
CERTIFICATE OF U.S. CITIZENSHIP
CERTIFICATE OF NATURALIZATION
UNEXPIRED FOREIGN PASSPORT
ALIEN REGISTRATION CARD WITH PHOTO

LIST B

DRIVER LICENSE
OR PICTURE I.D.
U.S. MILITARY CARD

LIST C

ORIGINAL SOCIAL SECURITY CARD
CERTIFIED BIRTH CERTIFICATE
UNEXPIRED INS EMPLOYMENT
AUTHORIZATION



RELEASE FORM

I authorize my former employers, schools, personal references and institutions of credit to provide any information that they may have regarding me, whether or not it is on their records. I hereby release them and their company from liability for divulging same.

SECTION I. (To be completed by Applicant.)

PRINT FULL NAME _____ SS # _____

SIGNATURE _____

Applicant - Please do not write below this line.

SECTION II. (To be completed by Human Resources)

The above named individual has provided us with the following information concerning past employment with your organization: _____
 Please verify the information provided to us by the applicant by completing Section III.

DATES OF EMPLOYMENT: From _____ To _____
 POSITION HELD: _____
 SALARY: _____

SECTION III. (To be completed by past employer.)

DATES OF EMPLOYMENT: From _____ To _____
 POSITION HELD: _____
 SALARY: _____
 REASON FOR TERMINATION: _____

PLEASE CHECK THE APPROPRIATE COLUMN INDICATING YOUR RATING OF THE APPLICANT

		<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Unsatisfactory</u>
Quantity of Work	<input type="checkbox"/>	_____	_____	_____	_____
Quality of Work	<input type="checkbox"/>	_____	_____	_____	_____
Ability to Accept Supervision	<input type="checkbox"/>	_____	_____	_____	_____
Relationship with Coworkers	<input type="checkbox"/>	_____	_____	_____	_____
Attendance Record	<input type="checkbox"/>	_____	_____	_____	_____

Would you reemploy? _____ If not, why? _____

Do you recommend applicant? _____

Additional Remarks: _____

DATE: _____ SIGNATURE: _____

Reference # _____ Sent: _____ TITLE: _____

ADDENDUM I

ADDENDUM I

SECTION I: DESCRIPTION

Florida Statutes 112.011(2)(a) , 943.0585 and 943.059(4) authorizes us to ask questions regarding any criminal violations you may have had, even if the record was expunged and/or sealed. Therefore, you must include the crime or offense even if the record was expunged and/or sealed.

1) Have you ever been Arrested, Received a Notice to Appear, Cited, Charged or Convicted of any criminal violation? Yes No If yes, what was the date of the offense? _____
What were the charges and circumstances? _____

2) Have you ever pled Nolo Contendere or Pled Guilty to a Crime? Yes No
If yes, what was the date of the offense? _____
What were the charges and circumstances? _____

3) Have you ever had the adjudication of guilt withheld for a crime? Yes No
If yes, what was the date of the offense? _____
If yes, what were the charges and circumstances? _____

Additional Comments:

SECTION II: CERTIFICATION

***** READ BEFORE SIGNING *****

I hereby certify that all statements made on this Addendum are true and correct, and that no attempt has been made to conceal pertinent information. I further understand that a background investigation will be made as part of the pre-screening process and should such investigation reveal any misrepresentation, I will be subject to immediate dismissal; and I agree to hold the State Attorney's Office and persons named herein blameless in that event.

Date: _____ Signature: _____

For Minor Applicants: Your Parent/Guardian must complete the section below:

Date: _____ Signature of Parent/Guardian: _____

Relationship to Minor Applicant: _____

APPLICANT DATA RECORD

SECTION A

Until such time as you are hired by this office, the information you provide us in this section will be kept in a confidential file, separate from your employment application, and will be used for the sole purpose of conducting a criminal background investigation.

Full Legal Name (As it appears on your Social Security Card): _____

Other Names Used (Include Maiden Name): _____

Date: _____ Position Applied For: _____

Length of Residence in Miami-Dade/Broward/Monroe County: _____

Present Address: _____

(Complete Street Address)

(Apt. No.)

(City)

(State)

(Zip Code)

(How long?)

Please list any other states and/or countries in which you have resided (include dates):

State _____ From _____ To _____

State _____ From _____ To _____

Country _____ From _____ To _____

Country _____ From _____ To _____

Social Security Number _____ **Place of Birth** _____ **Date of Birth:** _____

Male _____ Female _____ Height _____ Weight _____ Age _____

Driver License Number: _____ **State:** _____

Husband's or Wife's Full Name: _____

Husband's or Wife's Employer: _____

Full Name of Father: _____

Full Name of Mother: _____

Mother's Maiden Name: _____

SECTION B

Applicants are treated during interviews without regard to any characteristic protected by federal, State or local law. The State Attorney's Office is an Equal Employment Opportunity/Affirmative Action Employer. With the sole purpose to assist us in complying with our Equal Employment Opportunity reporting obligations, please fill out the following section. Your responses are voluntary.

A. Check if applicable: **Hispanic or Latino**

B. Check one:

White (Non-Hispanic or Latino) **Black or African American** **Asian**

American Indian or Alaska Native **Pacific Islander or Native Hawaiian**

Two or more of the 5 races in this section (B)

C. Check if Applicable: **Disabled Veteran** **Physically or Mentally Disabled**

_____ Date: _____