APPLICATION FOR INTERNSHIP

11TH JUDICIAL CIRCUIT EQUAL EMPLOYMENT OPPORTUNITY/ **MIAMI-DADE COUNTY, FLORIDA AFFIRMATIVE ACTION EMPLOYER** (2) _____ Position(s) applied for: (1)_____ Please check: □ Full time □ Part time □ Summer Employment Hours available to work: Date available to start: *****NOTICE TO APPLIC**ANT*** 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: CREDIT GRADUATED **ACADEMIC DEGREE COLLEGE NAME** MAJOR HOURS EARNED YES or NO EARNED CREDIT **Other Education GRADUATED** CERTIFICATE MAJOR HOURS YES or NO YES or NO (Technical, etc.) EARNED CREDIT NAME OF LAW **GRADUATED** LSAT HOURS SCORES YES or NO **SCHOOL** EARNED 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):

Employer:	Position	n Held:	
Address:	City:	ST:	Zip:
Supervisor:	Telephone:	Hours p	er 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	u want to leave):		
Employer:			
	Position	1 Held:	
Address:	Position	n Held: ST :	Zip:
Address: Supervisor:	Position City: Telephone:	n Held: ST: Hours p	Zip: er week:
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): _ Salary (Choose One): Annual:	Position City: Telephone:	n Held: ST: ST: Hours p _ To (Month/Year): _	Zip: er week:

SECTION C - EMPLOYMENT HISTORY CONTINUED:

Employer:	Position Held:			
Address:	City:	ST:	Zip:	
Supervisor:	Telephone:	Hours pe	er 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 ye	you want to leave):			
Employer:	Position	Held:		
Employer: Address:	Position City:	Held: ST:	Zip:	
Employer: Address: Supervisor:	Position City: Telephone:	Held: ST: Hours po	Zip: er week:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year):	Position City: Telephone:	Held: ST: ST: Hours po To (Month/Year):	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours pa Hours pa Hourly: Hourly:	Zip: er week:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year):	Position City: Telephone: Monthly:	Held: ST: Hours pa Hours pa Hourly: Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours pa Hours pa Hourly: Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours pa Hours pa Hourly: Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours pa Hours pa Hourly: Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours po _ To (Month/Year): Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours po _ To (Month/Year): Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours po _ To (Month/Year): Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours po _ To (Month/Year): Hourly:	Zip: er week:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours po _ To (Month/Year): Hourly:	Zip: er week:	

SECTION D -MILITARY:

Branch:	Dates of Service:
Grade/Rank on Discharge:	Theaters of Service:
Decorations:	Legal Duties (if any):

SELECTIVE SERVICE REGISTRATION: This applies to males between eighteen and twenty-six years of age who are either United States citizens or aliens (including parolees and refugees and those who are lawfully admitted to the United States and for asylum) residing in the United States; and are or were required to register under the **Military Selective Service Act (50 U.S.C. App. 453).** Nonimmigrant aliens admitted under Section 101 (a)(15) of the Immigration and Nationality Act (8 U.S.C. 1101), such as those admitted on visitor or student visas, and lawfully remaining in the United States, are exempt from registration. If employed with this office, you will be required to show proof of Selective Service registration, if applicable.

VETERAN'S PREFERENCE - Check the appropriate box if you are claiming veteran's preference.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, <u>or</u>
- 2. 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, <u>or</u>
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, <u>or</u>
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service	Date of Entry	I	Date of Discharge	
Have you claimed and been employed using veteran's prefe	erence since October 1, 1987?	Yes	No	
If yes,				
Nam	e of Employer			

NOTE: Under Florida law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans Affairs, P.0. Box 1437, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or at any time if no notice is given.

<u>SECTION E - MISCELLANEOUS</u>:

1.	Have you ever been arrested or cited for any crime or offense? Florida Statutes 112.011(2)(a asking of this question. <u>Please refer to attached ADDENDUM I on page 9 to respond</u> .	a) and 943.058 a	authorize the
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? If yes, why?	Yes	No
4.	Have you ever been disciplined or discharged for fighting, assaults, or related behavior?	Yes	No
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 I Employment Agency Friend Other: I What internet site or source did you use to see our posted positions: I I] Inquiry
<u>SECTI</u>	ON F - SPECIAL SKILLS: (Answer where applicable)		
Langua	age fluency: Speak Read Write		
Particu	lar investigative training or experience:		_
Particu	lar legal writing training or experience:		
Clerica	l skills: Typing speed W.P.M.; Dictating and/or other office equipment you can op	perate:	
List an	y additional job-related skills:		

SECTION G - REMARKS:

Please compose a statement describing why you are interested in and are qualified for employment with this office.



SECTION H - REFERENCES:

Friends or relatives employed by this office:

1			
	(Name)	(Department)	(Relationship)
2.			
	(Name)	(Department)	(Relationship)
Character refer	rences - list three persons who have	known you for five or more years - do not include rela	tives or former employers:
1.			
	(Name)	(Complete Address)	(Telephone)
2.			
	(Name)	(Complete Address)	(Telephone)
3.			
	(Name)	(Complete Address)	(Telephone)
SECTION I -	CERTIFICATION:	** READ BEFORE SIGNING **	

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 felsifications misstatements or misropresentations may discussify me for

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 <u>OR</u> one document from List B <u>and</u> 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 STATE ATTORNEY Eleventh Judicial Circuit Of Florida E.R. Graham Building 1350 N.W. 12th Avenue Miami, Florida 33136-2111



KATHERINE FERNANDEZ RUNDLE State Attorney

> TELEPHONE (305) 547-0100 FAX: (305) 547-0779

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.

<u>SECTION II</u>. (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 To SALARY:

<u>SECTION III</u>. (To be completed by past employer.)

DATES OF EMPLOYMENT:	From	То
POSITION HELD:		
SALARY:		
REASON FOR TERMINATION:		

A 1

PLEASE CHECK THE APPROPRIATE COLUMN INDICATING YOUR RATING OF THE APPLICANT

			Above			
		Excellent	Average	Average	Unsatisfactory	
Quantity of Work						
Quality of Work						
Ability to Accept Supervision	H					
Relationship with Coworkers Attendance Record						
Attendance Record						
Would you reemploy?	If no	ot, why?				
		-				
Do you recommend applicant?						
Additional Remarks:						
DATE:						
		SIGNATORE	•			
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 <u>Arrested</u> , <u>Received a Notice to Appear</u> , <u>Cited</u> , <u>Charged</u> or <u>Convicted of any criminal</u> <u>violation</u> ? Yes No If yes, what was the date of the offense? What were the charges and circumstances?				
2)	Have you ever pled <u>Nolo Contendere</u> or <u>Pled Guilty to a Crime</u> ? Yes No No If yes, what was the date of the offense?				
	What were the charges and circumstances?				
3)	Have you ever had the <u>adjudication of guilt withheld</u> for a crime? Yes No I 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 prescreening 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 complet	e 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 Leg	al Name (As it appears of	n your Social Secur	ity Card):		
Other Na	ames Used (Include Maid	len Name):			
Date:		Position A	pplied For:		
Length o	f Residence in Miami-Da	ade/Broward/Monro	be County:		
Present A	Address:				
		(Comple	ete Street Address)		(Apt. No.)
	(City)		(State)	(Zip	Code) (How long?)
Please lis	st any other states and/or	countries in which	you have resided (inclu	de dates):	
State			From		То
State			From		То
Country			From		Го
Country			From		Γο
Social S	ecurity Number		Place of Birth		_ Date of Birth:
Male	Female	Height	Weight	Age	
Driver I	License Number:			State:	
Husband	's or Wife's Full Name:				
	's or Wife's Employer:				
Full Nan	ne of Father:				
Full Nan	ne of Mother:				
Mother's	Maiden Name:				
SECTIC	<u>DN B</u>				
Attorney	's Office is an Equal Ern ng with our Equal Employ	nployment Opportu	nity/Affirmative Action	Employer. With the	, State or local law. The State ne sole purpose to assist us in owing section. Your responses
A.	Check if applicable:	E F	lispanic or Latino	Not Hisp	anic or Latino
B.	Check one:				
	hite (Non-Hispanic or 1	<i>,</i>	Black or Africa		Asian
	merican Indian or Alas wo or more of the 5 rac			r or Native Hawaiia	n
	Check if Applicable:) Disabled Veteran	Physicall	y or Mentally Disabled

Signature:	

Date: _____