APPLICATION FOR EMPLOYMENT

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	Part time Summer Employment		
Date available to start:	to start: Hours available to work:				
PLEASE READ B APPLICATION MU	EFORE COMPLI		CATION:		
YOU FOR EMPLOY			XDLK FOR .	IIIIS OFFICE	TO CONSIDER
<u>SECTION A</u> : PRINT YOUR LEGAL N	AME AS IT APPEARS	ON YOUR SOCIAL			XXX-XX
	(FIRST)	(MIDDLE	Ε)	(LAST)	
ADDRESS:	(STREET)	,	TTY)	(STATE)	,
TELEPHONE: (H)	(W)				
eMail Address:					
SECTION B - EDUCATION B - EDUC		No Nai	ne of School:		
COLLEGE NA	ME MAJOR	CREDIT HOURS EARNED		MIC DEGREE ARNED	GRADUATED YES or NO
Other Educati (Technical, etc	MAJOR	CREDIT HOURS EARNED		TIFICATE S or NO	GRADUATED YES or NO
1	NAME OF LAW SCHOOL		LSAT SCORES	CREDIT HOURS EARNED	GRADUATED YES or NO
SPECIAL HONORS ANI 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 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	<i>"</i> :
Job Responsibilities:			
Reason for leaving (If still employed, reason ye	ou want to leave):		
Employer:Address:	Position City:	n Held: ST :	Zip:
Employer:Address:	Position City:	n Held: ST :	Zip:
Employer:Address:Supervisor:	City: Telephone:	n Held: ST : Hours p	Zip:
Employer:	Position City: Telephone:	n Held: ST: Hours p To (Month/Year): _	Zip : per week:
Employer:	Position City: Telephone: Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer:	Position City: Telephone: Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer:	Position City: Telephone: Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer:	Position City: Telephone: Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer:	Position City: Telephone: Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	City: Telephone:Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer: Address: Supervisor: Dates of Employment: From (Month/Year):	City: Telephone:Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer:	City: Telephone:Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	City: Telephone:Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	City: Telephone:Monthly:	n Held: ST: Hours p To (Month/Year): _ Hourly	Zip : per week: r:

SECTION C - EMPLOYMENT HISTORY CONTINUED:

Employer:	Position Held:			
Address:				
Supervisor:	Telephone:	Hours	per week:	
Dates of Employment: From (Month/Year):		To (Month/Year):	onth/Year):	
Salary (Choose One): Annual:	Monthly:	Hourl	y:	
Job Responsibilities:				
Reason for leaving (If still employed, reason ye	ou want to leave):			
Employer:				
Employer:Address:	Position City:	Held: ST:	Zip:	
	Position City:	Held: ST:	Zip:	
Employer: Address: Supervisor:	Position City: Telephone:	Held: ST: Hours	Zip : per week:	
Employer:Address:	Position City: Telephone:	Held: ST: Hours Hours	Zip : per week:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year):	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer: Address: Supervisor: Dates of Employment: From (Month/Year): Salary (Choose One): Annual: Job Responsibilities:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	
Employer:	Position City: Telephone: Monthly:	Held: ST: Hours Hours Hourl	Zip : per week: y:	

<u>SECTI</u>	ION D -MILITARY:				
Branch	:	Dates of Service:			
Grade/Rank on Discharge:		Theaters of Service:			
Decora	tions:	Legal Duties (if any):			
United asylum 453). If those a	States citizens or aliens (including parolees and red) residing in the United States; and are or were requested nonimmigrant aliens admitted under Section 101 dmitted on visitor or student visas, and lawfully red is office, you will be required to show proof of Selection 101 dmitted on visitor or student visas, and lawfully red is office, you will be required to show proof of Selection 101 dmitted on visitor or student visas, and lawfully red is office, you will be required to show proof of Selection 101 dmitted visas and visitor or student visas application visitor or student visas, and lawfully red is office, you will be required to show proof of Selection 101 dmitted visas application visas visas application visas visas application visas	efugees and those who are lawfully adulted to register under the Military Sele (a)(15) of the Immigration and Nation emaining in the United States, are exen	mitted to the United States and for ective Service Act (50 U.S.C. App. ality Act (8 U.S.C. 1101), such as npt from registration. If employed		
<u>VETE</u>	RAN'S PREFERENCE - Check the appropriate b	oox if you are claiming veteran's prefere	ence.		
<u> </u>	A veteran with a service-connected disability who under public laws administered by the U.S. Vete				
<u>2</u> .	The spouse of a veteran who cannot qualify for eveteran missing in action, captured, or forcibly d		nanent disability, or the spouse of a		
3.	A veteran of any war who has served on active days or more since January 31, 1955, and who was America if any part of such active duty was perfectly active duty was perfectly active duty.	was honorably discharged from the Arr	med Forces of the United States of		
4.	The unremarried widow or widower of a veteran	who died of a service-connected disab	ility.		
	Branch of Service	Date of Entry	Date of Discharge		
Have y	ou claimed and been employed using veteran's pre	eference since October 1, 1987?	Yes No		

Name of Employer

If yes, _

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.O. 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.

In order to be considered for Veteran's Preference, a copy of your DD214 <u>must</u> be submitted with your Employment Application.

SECTION E - MISCELLANEOUS:

1.	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 🗌
2.	Do you have any objections to being fingerprinted and having your background investigated? If yes, why?	Yes 🗌	No 🗌
	11 yes, may.		
3.	Have you ever been disciplined or discharged for fighting, assaults, or related behavior? If yes, please explain	Yes 🗌	No 🗌
4		v 🗆	N T
4.	Do you have any objections to your present employer being contacted?	Yes	No L
	If yes, please explain:		
5.	Do you feel you are qualified to work under pressure?	Yes 🗌	No 🗌
6.	Have you ever applied for employment at this Office?	Yes	No 🗌
	If yes, under what name:		
	Month and year you applied:		
7.	How did you learn about our organization/company? Advertisement Relative Employment Agency Friend Other:	☐ Inqu	•
	What internet site or source did you use to see our posted positions:		
<u>SECTI</u>	ON F - SPECIAL SKILLS: (Answer where applicable)		
Langua	ge fluency: Speak Read Write		
Particul	ar investigative training or experience:		
Particul	ar legal writing training or experience:		
List any	v additional job-related skills:		
•			

SECTION G - REFERENCES:

Friends or rela	atives employed by this office:		
1	(),,,,,,	(Devertor ent)	(D-1-4;1;)
	(Name)	(Department)	(Relationship)
2.	(Name)	(Department)	(Relationship)
Character refe	erences - list three persons who h	ave known you for five or more years - do not include rela	
1	(Name)	(Complete Address)	(Telephone)
2.	(Name)	(Complete Address)	(Telephone)
3.	(Fund)	(Complete Maness)	(Telephone)
	(Name)	(Complete Address)	(Telephone)
SECTION H	- CERTIFICATION:	** READ BEFORE SIGNING **	
information. employment of schools, persoit is on their employed, a b	I am aware that any omissio consideration and, if I am hired onal references and institutions or records. I hereby release them background investigation will be	ns, falsifications, misstatements, or misrepresentation may be grounds for termination at a later date. I author of credit to provide any information that they may have regard their company from liability for divulging same. I made and should such investigation reveal any misreprese tate Attorney's Office and persons named herein blameless.	ns may disqualify me for rize my former employers, garding me, whether or not further understand that if ntation, I will be subject to
		will hold in strict confidence and will not disclose any informanner to the proceedings of the State Attorney's Office or	
Date:	s	ignature:	
		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 App	licant.)			
PRINT FULL NAME			SS #	
SIGNATURE				
Applicant - Please do not write below	this line.			
SECTION II. (To be completed by Hu	man Resources)			
The above named individual lorganization: Please verify the information provided to	_			past employment with your
-	EMPLOYMENT:	From	То _	
SECTION III. (To be completed by pa		_		
POSITION F SALARY:	EMPLOYMENT: IELD: OR TERMINATION:			
PLEASE CHECK THE APPROPRIATI	E COLUMN INDICA	ATING YOUR RATING	G OF THE APPLI	CANT
Quantity of Work Quality of Work Ability to Accept Supervision Relationship with Coworkers Attendance Record	Excelled	Above <u>Average</u>	<u>Average</u>	<u>Unsatisfactory</u>
Would you reemploy?	If not, why?			
Do you recommend applicant?Additional Remarks:				
DATE:		ATURE:		
Reference # Sent:	TITLE	:		

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)	1) Have you ever been <u>Arrested</u> , <u>Received a Notice to Appear</u> , <u>Cited</u> , <u>Charged or Convicted of any criminal violation</u> ? 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 <u>adjudication of guilt withheld</u> for a crime? Yes No				
,	If yes, what was the date of the offense?				
	If yes, what were the charges and circumstances?				
	Additional Comments:				
<u>SECTI</u>	ON II: CERTIFICATION				
	*** READ BEFORE SIGNING ***				
I hereb	y certify that all statements made on this Addendum are true and correct, and that no attempt has been made				
	real pertinent information. I further understand that a background investigation will be made as part of the pre-				
	ng process and should such investigation reveal any misrepresentation, I will be subject to immediate				
dismiss	sal; and I agree to hold the State Attorney's Office and persons named herein blameless in that event.				
Date:	Signature:				

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: Pos	ition Applied For:		
Present Address:			
(0	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 d	ates):	
State	From	To	
State	From	To	
Country	From	To	
Country	From	To	
Social Security Number	Place of Birth	Date of I	Birth:
Male Female Heigl	nt Weight	Age	
Driver License Number:		State:	
Husband's or Wife's Full Name:			
Husband's or Wife's Employer:			
Full Name of Father:			
Mother's Maiden Name:			
SECTION B			
Applicants are treated during interviews without Attorney's Office is an Equal Employment Complying with our Equal Employment Opporare voluntary.	pportunity/Affirmative Action Er	nployer. With the sole purp	oose to assist us in
A. Check if applicable:	Hispanic or Latino	☐ Not Hispanic or Latino	•
B. Check one:			
White	Black or African A	American	Asian
American Indian or Alaska Native	Pacific Islander or	Native Hawaiian	
Two or more of the 5 races in this sec	tion (B)		
C. Check if Applicable:	Disabled Veteran	Physically or Menta	lly Disabled
Signature:		Date:	