APPLICATION FOR EMPLOYMENT

OFFICE OF THE STATE ATTORNEY
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:

COMPLETE NAME: _____ (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***):

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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***):

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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 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, **or**

☐ 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, **or**

☐ 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, **or**

☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

_____	_____	_____
Branch of Service	Date of Entry	Date of Discharge

Have you claimed and been employed using veteran's preference since October 1, 1987? ☐ Yes ☐ No

If yes, _____

Name 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.

In order to be considered for Veteran's Preference, a copy of your DD214 must 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? Yes ☐ No ☐

   If yes, why? _____

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

   If yes, please explain _____

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

   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 ☐ Inquiry

   ☐ Employment Agency ☐ Friend Other: _____

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

8. Do you have any online presence—such as on Instagram, TikTok, YouTube, a podcast, or any other platforms—that you actively manage or that generates income, either as an influencer, content creator, or through any form of monetization? Yes ☐ No ☐

   If yes, list all social media handles as described above: _____

SECTION F - SPECIAL SKILLS: (Answer where applicable)

Language fluency: ☐ Speak ☐ Read ☐ Write _____

Particular investigative training or experience:

_____

Particular legal writing training or experience:

_____

List any additional job-related skills:

_____

SECTION G - 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 H - 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	**LIST B**	**LIST C**
UNITED STATES PASSPORT	DRIVER LICENSE	ORIGINAL SOCIAL SECURITY CARD
CERTIFICATE OF U.S. CITIZENSHIP	OR PICTURE I.D.	CERTIFIED BIRTH CERTIFICATE
CERTIFICATE OF NATURALIZATION	U.S. MILITARY CARD	UNEXPIRED INS EMPLOYMENT
UNEXPIRED FOREIGN PASSPORT		AUTHORIZATION
ALIEN REGISTRATION CARD WITH PHOTO		

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.

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

	Excellent	Above Average	Average	Unsatisfactory
Quantity of Work	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐
Ability to Accept Supervision	☐	☐	☐	☐
Relationship with Coworkers	☐	☐	☐	☐
Attendance Record	☐	☐	☐	☐

Would you reemploy? _____ If not, why? _____

Do you recommend applicant? _____

Additional Remarks: _____

DATE: _____ SIGNATURE: _____

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) 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: ☐

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: _____

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** ☐ **Not Hispanic or Latino**

B. Check one:

☐ **White** ☐ **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**

Signature: _____ Date: _____