

VOLUNTEER INTERN/CLI APPLICATION FOR EMPLOYMENT

OFFICE OF THE STATE ATTORNEY
11TH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY, FLORIDA



EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER

Position applied for: (1) (2)

Please check: Full time Part time Internship

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 #:

COMPLETE NAME: (FIRST) (MIDDLE) (LAST)

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

TELEPHONE: (H) (W) CELLULAR

E-MAIL ADDRESS:

SECTION B - EDUCATION:

High School	Graduated:	Yes	No
College	Credit Hrs. Earned:		
Major	Degree Earned:	Yes	No
College	Credit Hrs. Earned:		
Major	Degree Earned:	Yes	No
Graduate School	Dates:		
Major	Degree Earned:	Yes	No
Law School	Dates:		
LSAT Scores	Graduated:	Yes	No
Other Education (technical, etc.)	Credit Hrs. Earned:		
Major	Certificate:	Yes	No

SPECIAL HONORS AND EXTRACURRICULAR ACTIVITIES:

Education:

Community:

Were you a participant in a trial advocacy program? Yes No

Name of Trial Advocacy Professor: Telephone:

Were you a participant in a law school clinical program? Yes No Was the clinic for Credit? Yes No

Name of Clinic:

Duties:

Clinic Supervisor/Professor's Name: E-mail:

Telephone: Dates of Clinic:

Admission to the Florida Bar - Date:

Membership of Bar of any other jurisdiction:

SECTION C - EMPLOYMENT HISTORY (List present or most recent employment first: Cover 5 year period; please state if employment was legal or non-legal in nature.) Include internships and volunteer positions:

1. Employer:
Position Held: Legal: Yes No
Address:
City: St: Zip:
Supervisor: Telephone:
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: Legal: Yes No
Address:
City: St: Zip:
Supervisor: Telephone:
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)

3. Employer:
- Position Held: Legal: Yes No
- Address:
- City: St: Zip:
- Supervisor: Telephone: _____
- 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: Legal: Yes No
- Address:
- City: St: Zip:
- Supervisor: Telephone: _____
- 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 - MISCELLANEOUS:

For affirmative responses to questions D.1. through D.6. please refer to ADDENDUM I attached, to respond. ADDENDUM I MUST BE COMPLETED AND SIGNED BY ALL APPLICANTS.

1. In your entire life, have you ever been arrested, detained or restrained, taken into custody, accused formally or informally, or convicted of a felony, whether or not the charge was later reduced to a misdemeanor or other lesser charge? Florida Statutes §§112.011(2)(a) and 943.058 authorize the asking of this question. Yes No
If yes, on **Addendum 1** provide the date of the incident, the arresting/detaining agency, the County, City and State where the violation occurred, the original charge, the disposition/fine, and include a complete and detailed explanation of the facts and the subsequent actions taken by the authorities.
2. Other than any incidents listed in response to question 1, above, since age 16, have you ever been arrested, detained or restrained, given a notice to appear or taken into custody for the violation of a law or ordinance or for committing a delinquent act? Yes No
If yes, on **Addendum 1** provide the date of the incident, the arresting/detaining agency, the County, City and State where the violation occurred, the original charge, the disposition/fine, and include a complete and detailed explanation of the facts and the subsequent actions taken by the authorities.
3. Since age 16, have you been charged with a traffic violation resulting in a fine of \$200 or more or in time spent in jail, or has your driver's license or driving privileges ever been revoked or suspended? Yes No
If yes, on **Addendum 1** provide the date of the incident, the arresting/detaining agency, the County, City and State where the violation occurred, the original charge, the disposition/fine, and include a complete and detailed explanation of the facts and the subsequent actions taken by the authorities.
4. Since age 16, have you been arrested, given a citation or written warning, taken into custody, or accused of the violation of a traffic law or ordinance, other than a parking ticket, regardless of the result? Yes No
If yes, on **Addendum 1** provide a detailed explanation of the facts leading to the arrest or charge and the subsequent actions taken by the authorities.
5. In your entire life, have you ever been arrested, detained, or restrained, taken into custody or accused of driving while intoxicated, driving under the influence of alcohol or drugs, driving with an unlawful blood alcohol level or charged with vehicular manslaughter or vehicular homicide? Yes No
If yes, on **Addendum 1** provide the date of the incident, the arresting/detaining agency, the County, City and State where this occurred, the court name, nature of the proceedings, disposition, and include a detailed explanation of the circumstances leading to the arrest, charge or accusation, and the subsequent actions taken by the authorities.
6. During the last 3 years have you been arrested, given a citation, given a written warning, taken into custody, or accused of the violation of a traffic law or ordinance, other than parking tickets, regardless of the result? Yes No
If yes, on **Addendum 1** provide the date of the incident, the arresting/detaining agency, the County, City and State where this occurred, the court name, nature of the proceedings, disposition, and include a detailed explanation of the circumstances leading to the arrest, charge or accusation, and the subsequent actions taken by the authorities.
7. Have you ever been ordered to pay child support? Yes No
 - a. If yes, what County or State?
 - b. Have you ever been delinquent in your child support payments: Yes No
8. Do you have any objections to being fingerprinted and having your background investigated? Yes No
If yes, explain your objections?
9. Have you ever been reprimanded, censured or otherwise disciplined by any government agency that licenses or oversees the practice of any profession or engagement in any business? Yes No
If yes, state the date, the nature of the incident, the County, City and State where this occurred, the court name, nature of the proceedings, disposition, the facts surrounding the incident, the name of the authority in possession of the records thereof, and a complete explanation of the circumstances leading to the sanction and all other relevant information concerning the incident.

10. Have you ever been disciplined or discharged for fighting, assaults, or related behavior? Yes No
If yes, please explain
11. Do you have any objections to your present employer being contacted? Yes No
If yes, state the reasons for your objection(s):
12. 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:
13. Have you ever been accused of a violation of an honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue your studies, dropped, expelled or requested to resign or otherwise subjected to discipline by any college, law school or other post-secondary institution? Yes No
If yes, explain on attached ADDENDUM II.
14. Regardless of whether the record has been expunged, canceled, or annulled, or whether no record was made, have you ever been accused of cheating, plagiarism, or other academic dishonesty at any school you attended? Yes No
If yes, provide a complete statement of the circumstances surrounding each such occurrence, including the name and address of the institution and the date thereof, the date of the incident, and the County, City and State where this occurred.
15. Have you ever been discharged, suspended, requested (formally or informally) to resign or terminate, from any employment? Yes No
If yes, state the name of each/the employer:
Address:
City: St: Zip:
Supervisor: Telephone:
If yes, explain, including the approximate date and circumstances:
16. Can you work under pressure: Yes No
17. Have you ever applied for employment at this Office? Yes No
If yes, under what name: Month and year you applied:
18. Who referred you?
(Name of person, school, or agency)

SECTION E - SPECIAL SKILLS: (Answer where applicable)

Language proficiency:

Particular investigative training or experience:

Particular legal writing training or experience:

List any additional job-related skills:

SECTION F - REMARKS:

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

SECTION G - REFERENCES:

Friends or relatives employed by this office:

- | | | | |
|----|--------|--------------|----------------|
| 1. | (Name) | (Department) | (Relationship) |
| 2. | (Name) | (Department) | (Relationship) |

Character references - list at least 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) |

Please list law school professors who are familiar with the quality of your work:

- | | | | |
|----|--------|-------------|-----------------|
| 1. | (Name) | (Telephone) | (Course Taught) |
| 2. | (Name) | (Telephone) | (Course Taught) |
| 3. | (Name) | (Telephone) | (Course Taught) |

Please list any other persons who are familiar with the quality of your legal work:

- | | | | |
|----|--------|-------------|------------|
| 1. | (Name) | (Telephone) | (Capacity) |
| 2. | (Name) | (Telephone) | (Capacity) |
| 3. | (Name) | (Telephone) | (Capacity) |

SECTION H -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.

SECTION I - 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.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.

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 in 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 that 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:

ADDENDUM I

MUST BE COMPLETED AND SIGNED WHETHER RESPONSE IS YES OR NO

SECTION I: DESCRIPTION

D-1 through D-6 - Continued

Have you ever been arrested, received a notice to appear, been cited, charged, convicted, pled nolo contendere or pled guilty to any criminal violation? Florida Statutes 112.011(2)(a), 943.058(5) and 943.059(4) authorize us to ask this question even if the record was expunged and/or sealed. Therefore, include the crime or offense even if the record was expunged and/or sealed.

Yes

No

If yes, please provide the following information:

CASE NO:

CHARGE(S):

DATE OF INCIDENT:

JURISDICTION: (County & State):

SENTENCE/DISPOSITION:

COMMENTS:

Please provide answers to questions D.2. through D.6. here:

If the answer to either question is yes, provide a detailed explanation of the facts leading to the arrest or charge and the subsequent actions taken by the authorities, and include the date of the arrest, the arresting/detaining agency, the County, City and State where it occurred, the original charge/accusation, and the disposition/fine. Add additional sheets as necessary.

SECTION II - CERTIFICATION:

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 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.

Date:

Signature:

ADDENDUM II

SECTION I: DESCRIPTION

D-12 - Continued

Have you ever been subject to academic disciplinary proceedings? If yes, provide a complete statement of the circumstances surrounding each such occurrence, including the name and address of the institution and the date thereof, the date of the incident, and the County, City and State where this occurred.

SECTION II - CERTIFICATION:

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 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.

Date:

Signature:

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				
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:

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 Name:

Other Names Used (Include Maiden Name):

Date:

Position Applied For:

Length of Residence in 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 /Country

From

To

State /Country

From

To

State/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**

OR (IF YOU HAVE CHECKED THE BOX UNDER SECTION A, SKIP TO SECTION C):

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

Signature:

Date:

EMPLOYMENT ELIGIBILITY

NOTE: THIS REQUIREMENT ONLY APPLIES TO THOSE PERSONS WHO WILL BE ON OUR PAYROLL. IT DOES NOT APPLY TO INTERNS ON CREDIT OR ON VOLUNTEER BASIS.

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. **DO NOT SEND THESE DOCUMENTS AT THIS TIME. WE WILL ADVISE YOU WHEN WE NEED THEM.**

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

EMAIL APPLICATION TO:

Attorney Recruitment Team
State Attorney's Office
4th Floor, E.R. Graham Building
1350 N.W. 12th Avenue
Miami, FL 33136-2111
Recruitment@MiamiSAO.com
(305) 547-0561 OR 547-0100