



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.

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**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*): \_\_\_\_\_

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**SECTION D - MILITARY:**

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

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**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.

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**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.

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

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**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:

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**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:

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**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)

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**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**

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



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**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 one:**

**Hispanic or Latino**

**Not Hispanic or Latino**

**B. Check one:**

**White**

**Black or African American Pacific**

**Asian**

**American Indian or Alaska Native**

**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:**