APPLICATION FOR EMPLOYMENT

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

EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER

PLEASE COMPLETE THIS APPLICATION USING A DEDICATED PDF PROGRAM AS WEB BROWSER ENTRIES ARE NOT SUPPORTED
ADOBE ACROBAT READER FREE **CLICK HERE** || FOXIT PDF READER FREE **CLICK HERE**

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** AND **SIGNATURES** OF THIS APPLICATION **MUST** BE COMPLETED FULLY IN ORDER FOR THIS OFFICE TO CONSIDER YOU FOR EMPLOYMENT OPPORTUNITIES.

SECTION A - APPLICANT DATA:

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):**

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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)**

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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)**

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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. 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.

13. 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.

14. 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:

15. 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:

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

	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: _____

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 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 Non Hispanic or Latino

B. Check one:

White Black or African American Asian

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

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

APPLICANT DATA RECORD

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With the sole purpose to assist us in complying with our Equal Employment Opportunity reporting obligations, please fill out the following section. Your response to this report is voluntary. These data will be kept in a confidential file separate from your application.

NAME: _____ DATE: _____

○ Male ○ Female DOB: _____ AGE: _____

Race/Ethnic Group:

A. Check One:

☐ Hispanic or Latino ☐ Non Hispanic or Latino

B. Check One:

○ White ○ Black or African-American ○ Asian

○ American Indian or Alaska Native ○ Native Hawaiian or Pacific Islander ○ Two or more of the 5 races in this section (B)

C. Check if any of the following are applicable:

☐ Disabled Veteran ☐ Physically or Mentally Disabled

MIAMI-DADE STATE ATTORNEY'S OFFICE
KATHERINE FERNANDEZ RUNDLE, STATE ATTORNEY

RETURN TO:
ATTORNEY RECRUITMENT TEAM
Miami-Dade County State Attorney's Office
1350 N.W. 12 Avenue
Miami, Florida 33136-2111

FULL NAME:

LAW SCHOOL:

IN ORDER TO DETERMINE **FLORIDA** POST-GRADUATION CERTIFICATION ELIGIBILITY, PLEASE ANSWER EVERY QUESTION. IF YOU HAVE PARTICIPATED IN MORE THAN ONE PROGRAM, PLEASE COMPLETE ONE SHEET FOR EACH PROGRAM AND EVERY QUESTION AS TO EACH PLACEMENT (PROGRAM). IF NECESSARY, USE ANOTHER SHEET.

1. a. Have you participated in a Clinical Program (Or an externship that meets the requirements under Florida Rule (see attached)?

b. If so, give dates:

c. If not, will you participate in the future? If yes, when

2. What is the name of the program(s):

3. Was/is the program for credit? If yes, how many credits?

4. Where is/was your placement? (i.e., in house clinic, D.A.'s Office, etc.)

5. Did/will you represent clients? or the Government

If the Government, what agency

6. DUTIES:

a. Will you be or were you able to speak in court? Yes No

If so, at what types of hearings (i.e. arraignments, motions, trials, administrative hearings, criminal hearings, etc

b. Describe other duties

7. Name of Clinical Supervisor/Professor at School:

Phone No.

8. Name of Supervising attorney (if other than above):

Phone No.

ATTORNEY RECRUITMENT TEAM
Miami-Dade County State Attorney's
Office 1350 N.W. 12 Avenue
Miami, Florida 33136-2111

Miami-Dade County State Attorney's Office
KATHERINE FERNANDEZ RUNDLE,
State Attorney
1350 N.W. 12th Avenue
Miami, Florida 33136
(305) 547-0565
Web Site: http//www.MiamiSao.com

OFFICE OVERVIEW

I. COMMITMENT

The Office of the State Attorney requires each new Assistant to commit to remaining with the office for *at least* three (3) years, calculated from the date of their being sworn in as an Assistant State Attorney (ASA). A Legal Trainee will be sworn as an ASA when he/she passes the Florida Bar exam, his/her character and fitness background is completed and he/she is admitted to the Florida Bar.

II. COMPENSATION

The starting base salary for an Assistant State Attorney is $80,000 with an additional $10,000 cost area differential for a total annual income of $90,000. Thereafter, and at the discretion of the Florida State Legislature, Assistants may be given cost of living increases. Additionally, merit increases may occur and promotional raises are given when an attorney rises to certain levels in the office.

III. STRUCTURE

There are approximately 300 Assistant State Attorneys at the Office of the State Attorney. The majority of these Assistants are located at our main office, across from the criminal courts. Separate buildings house our County Court and Juvenile Divisions.

Each new Attorney is initially placed into a four to six week training program supervised by our full-time Training Officers. The training program consists primarily of lectures and workshops. Upon entering the program, each Legal Trainee will be given a comprehensive training manual which contains the subject material and case-law that new attorneys must master. Toward the end of the training program each Legal Trainee will be assigned to work with an experienced prosecutor.

After completing the training program, the new employees are assigned to the County Court Division. In County Court, we prosecute misdemeanor offenses. The assignment to County Court generally lasts approximately 12 months. While in the County Court Division the employee has an opportunity to be lead counsel in jury and non-jury trials and to conduct plea negotiations. Once the assignment to County Court has been completed, each employee generally transfers to Juvenile Division. The Juvenile Division assignment is approximately four to six months.

In Juvenile Court, we prosecute both felonies and misdemeanors. These cases are all bench trials, but they allow the Assistant State Attorney to learn the elements of the felony crimes and to improve his/her trial and advocacy skills.

At the County Court level, selected attorneys will be given the opportunity to extend their stay in these divisions. The office uses the term "committed attorneys" to identify these Assistants. Committed Attorneys receive a salary increase to encourage stability and excellence in County Court.

Upon completion of the assignments in the County Court and Juvenile Court Divisions, an ASA is assigned to the Circuit Court Division. It is in the Circuit Court Division where the ASA will primarily prosecute adult felony cases. With rare exception, the trials are all by jury.

There are presently 21 general units in the Circuit Court Division. Each general unit practices before one (1) circuit court judge on a daily basis. Within each general unit there is a Division Chief attorney (the supervising attorney), and an "A", "B" and "C" prosecutor (the "pit" assistants). Each new incoming felony ASA enters into a unit as a "C" level prosecutor. With experience, the ASA is promoted to a "B" level and then an "A" level prosecutor. With each promotion, the ASA is assigned more difficult and serious cases.

Typical of any large prosecutor's office, Miami-Dade County offers many areas of specialization once an attorney gains experience as a litigator. The Career Criminal, Domestic Violence, Economic Crimes, and Sexual Battery Units provide opportunities for the A level attorneys to develop an expertise in these areas.

Each of the 21 Division Chiefs have been selected by the Administration to supervise the Felony Courts and handle the most serious offenses not assigned to the Specialized Units.

Senior Trial Counsel and the Organized Crime-Racketeering/Public Corruption attorneys are experienced, career prosecutors. Entry into these positions is limited and selection is based on merit. Senior Trial Counsel handle capital crimes cases and Organized Crime-Racketeering/Public Corruption handles complex investigations.

For further information please visit our website at http://www.miamisao.com and view our recruitment video at http://www.youtube.com/watch?v=aLtH-sgiqTU

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

Miami-Dade County State Attorney's Office
KATHERINE FERNANDEZ RUNDLE,
State Attorney

FLORIDA CERTIFICATION RULE DEFINITION

Eligibility for certification after graduation is given **strong** consideration in the hiring process. Those who do not meet this requirement or are not members of the Florida Bar will be considered; however, the opportunity for employment may be diminished and will be conditioned upon admission to the Florida Bar. In order to qualify for certification under Chapter 11 of the Florida Bar Rules, students must graduate from "...an American Bar Association approved ... law school . . .". Additionally, students must have successfully completed prior to graduation a law school practice program, which is defined as "**... a credit bearing clinical program coordinated by a law school in which students directly provide representation to clients in litigation [in certain courts or administrative tribunals or in which students appeared on behalf of certain government agencies in criminal or civil matters] under the supervision of a lawyer."**

The Supreme Court will not make exceptions to this rule. Please note that the key factors are:

1. Participation in a clinical program **must be for academic credit**. **Volunteer or paid internships will not qualify** even if the student was certified in another state and represented clients or the government.

2. The program must involve representation of **actual clients or certain government agencies.** Please note that Trial Practice/ Advocacy, Moot Court and/or Mock Trial competitions do not qualify under this Rule.

IF YOU ARE UNCERTAIN AS TO WHETHER OR NOT YOU MEET THE REQUIREMENTS OF THE FLORIDA POST-GRADUATION CERTIFICATION RULE, PLEASE CONTACT THE ATTORNEY RECRUITMENT TEAM AT (305) 547-0565.