



OFFICE OF THE STATE ATTORNEY NINETEENTH JUDICIAL CIRCUIT

Equal Opportunity Employment/Affirmative Action Employer.
This state agency does not tolerate violence in the workplace.

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

COUNTIES OF INTEREST: _____ MINIMUM ACCEPTABLE SALARY: _____

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information in its entirety.
- Type or print in ink
- All information will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying.
- Submit application to: State Attorney's Office
- Fax: (772)462-1214 no later than 11:59 pm (EST) on the announced deadline date.
- Sign your name in the Certification Section. All information you submit is subject to verification.

CONTACT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

PHONE: _____ ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

EDUCATION:

HIGH SCHOOL

HIGH SCHOOL NAME/LOCATION:	RECEIVED: DIPLOMA OTHER (SPECIFY) _____ NONE _____
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YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (DIPLOMA OR TRANSCRIPTS MAY BE REQUIRED)

REASON FOR LEAVING: _____

Duties and Responsibilities:

Name of Next Previous Employer: _____

Address: _____ **Your Job Title:** _____

Supervisor's Name: _____ **Phone No.:** (____) _____

FROM: ____/____/____ **TO:** ____/____/____ **HOURS PER WEEK:** ____ (____)

MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

REASON FOR LEAVING: _____

Duties and Responsibilities:

KNOWLEDGE/SKILLS ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc _____

EXEMPTION FROM PUBLIC RECORD DISCLOSURE

Are you a current or former law enforcement officer, other covered employee** or the spouse or child of one, whose information is exempt from public records disclosure under section 119.07(4)(d), Florida Statutes (F.S.)? ____ YES ____ NO

**Other covered jobs include but are not limited to: correctional and correlation probation office, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see 119.071. F.S.).

BACKGROUND INFORMATION

HAVE YOU BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? ____ YES ____ NO

IF "YES", what charges? _____

Where convicted? _____

HAVE YOU EVER BEEN PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? ____ YES ____ NO

If "YES", what charges? _____

Where ? _____ **Date:** _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? _____ YES _____ NO

IF "YES", what charges? _____

Where ? _____ Date: _____

Note: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered (see 112.011,F.S.)

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

- 1. ARE YOU A U.S. CITIZEN? _____ YES _____ NO
- 2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING.

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY REALTIVES WORKING IN THIS AGENCY? _____ YES _____ NO

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits employment by the State (including re-hire after a break in service) of any male born after 1962 who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the State, this law prohibits the promotion of such person.

IF YOU ARE A MALE BORN AFTER OCTOBER 1, 1962, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)? _____ YES _____ NO
_____ NOT APPLICABLE

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of the Florida state government for the employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE _____ DATE: _____

Office of the State Attorney
411 S. 2nd Street
Fort Pierce, FL 34950
Administration Fax No: (772)462-1214
www.sao19.org



This section SHOULD be removed prior to the selection process.

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant.

Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 4075 Esplanade Way, Room 110, Tallahassee, Florida 32399, (850)488-7082.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

White

Black/African American

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaska Native

2 or more races

Ethnicity (CHECK ONLY ONE):

Hispanic or Latino

Not Hispanic or Latino

SEX: MALE FEMALE

DATE OF BIRTH: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____