



# 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.
- Computer fill in, Type or legible 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)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**JOB-RELATED TRAINING OR COURSEWORK: (VOCATIONAL TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED (Yes or No)

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: TEACHER CERTIFICATION, RN, LPN, PE, CPA, ETC.)**

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

**PERIODS OF EMPLOYMENT**

Describe all work experience in detail, beginning with your current or most recent job. Include military (indicate rank), internships and job-related volunteer work. If applicable, indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information must be completed. Resumes may be attached to provide additional information.

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: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. 2<sup>nd</sup> Street  
Fort Pierce, FL 34950  
Administration Fax No: (772)462-1214  
[www.sao19.org](http://www.sao19.org)



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*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.

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### **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: \_\_\_\_\_