



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 _____
----------------------------	---

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. 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: _____

SUPPLEMENTAL APPLICATION

OFFICE OF THE STATE ATTORNEY NINETEENTH JUDICIAL CIRCUIT

411 S. 2nd Street
Fort Pierce, FL 34950

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Position for Which Applying _____ **Date:** _____

All prospective employees of the State Attorney's Office (SAO) shall undergo a level II employment security screening and background check to include a history of prior conviction for a crime of violence or domestic violence. This shall be done through self-disclosure on employment applications and/or through the background screening conducted by the SAO Investigations Division.

INSTRUCTIONS

NOTICE: Application must be typewritten or printed legibly in **black** ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as the application, and number answers to correspond with questions. Please be specific when completing application to insure all information is complete, true and correct.

Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal.

PERSONAL INFORMATION

1. Have you ever been fingerprinted? _____ Yes _____ No if yes, please provide details:

2. Full Name *If you only have an initial in your name, list them. *If you have no middle name, enter "NMN". *If you are a "Jr.", "Sr.", "II.", etc., enter the abbreviation in the box after your middle name.

Last Name	First Name	Middle Name	Abbv.

Other *Give other names you used and the period of time you used them, for example; maiden name, name(s) by a former marriage, former names(s) or nickname(s) i.e., any other name(s) used that is not your legal name. Please identify i.e. maiden name, nickname etc. in the "Description" box.

Name	Description	Month/Year From /	Month/Year To /
------	-------------	----------------------	-----------------------

Name	Description	Month/Year From /	Month/Year To /
Name	Description	Month/Year From /	Month/Year To /
Name	Description	Month/Year From /	Month/Year To /

3. Other identifying and contact information

Date of Birth	Social Security Number	Street Address	City	State/Zip code

Home Phone:	Work Phone:	Cell Phone:	Email Address:

II. RESIDENCES

Please list your previous residences for the past 10 years.

Month/Yr.	Month/Yr.	Apt. No.	Street Address	City	County	State/Country

III. WORK HISTORY

1. Have you ever been dismissed or asked to resign from any employment or position you have held?

_____Yes _____No if yes, please provide details:

Employer's Name:

Date: _____

Employer's Street Address

City

County

State

Zip Code

Reason:

2. Have you ever left a job for other reasons under unfavorable circumstances? _____Yes _____No

If yes, please provide details:

Employer's Name:

Date: _____

Employer's Street Address

City

County

State

Zip Code

Reason:

IV. ARREST HISTORY/COURT RECORD

1. Have you ever:

YES	NO	
		received a notice or summons to appear for a criminal infraction?
		been convicted, pled nolo contendere or guilty to any criminal violation?
		had your criminal history record sealed or expunged?
		received a ticket or been charged with a traffic violation?

If you answered yes to any of the questions, please list all such matters even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine or forfeiture of collateral, or pre-trial diversion. (include your juvenile record and records of arrest, which have been sealed or expunged, if any).

Date	Place & Department	Charge	Court & Place	Disposition

--	--	--	--	--

Provide additional details:

2. Have you ever been questioned by any law enforcement office for investigative purpose (witness, victim, present at scene, suspect)? ____Yes ____No If yes, please provide details:

3. Have you ever been a plaintiff or defendant in a court actions (include any liens, lawsuits or bankruptcy etc.)?

If so, please give date, place, court, names of parties, nature of action, and final disposition:

4. To your knowledge, has your spouse (including former spouse), current or former domestic partner, roommate or any member of your immediate family (child 18 years or age or older, father, mother, brother, sister, stepfather, stepmother, half-brother, half-sister, in-laws or parents of domestic partner or roommate) ever been arrested, charged or prosecuted for a crime? (Regardless of whether the offence occurred in Florida).

____Yes (list below) ____No

Person's Name/Relationship	Date	Place & Department	Charge	Disposition

For each person listed above, please provide relations to you, social security number (if known), date of birth, and brief detail of the arrest.

V. ACQUAINTANCES WITH STATE ATTORNEY'S OFFICE(SAO) AND PERSONAL REFERENCES

Do you have Relatives, Friends or Acquaintances employed by the SAO (Past or Current): ____yes ____no if yes, please provide details below.

Name	Location	Length of Acquaintance

Please provide a minimum of (4) PERSONAL REFERENCES: (Non-Family Members Only)

Name	Email Address	Mailing Address & Phone Number

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection, release and usage of your Social Security Number (SSN). To protect your identity, the State Attorney's office will secure your SSN from unauthorized access; strictly prohibit the release of your SSN to unauthorized parties contrary to state and federal law; The collection, use, or release of your social security number is a business necessity for the performance of the duties and responsibilities of the State Attorney's Office and is authorized or mandatory under federal or state law. Specifically:

1. **Florida Statute § 110.1127** gives the State Attorney's Office, a state agency, authority to conduct security checks of agency employees. All persons and employees in such positions of trust or responsibility shall be required to undergo security background investigations as a condition of employment and continued employment.
2. In order to conduct Employee Security Checks the Personnel Division shall collect personal information including social security numbers, in order to meet the statutory requirements. These personal identifiers, including social security numbers, are released to the Florida Department of Law Enforcement and the Federal Bureau of Investigation in order to complete state and national security checks.
3. Social Security numbers are confidential and exempt from public records requests under Section 119.07(1), Florida Statutes, and s 24(a), Article 1 of the State Constitution.
4. Until 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.

CERTIFICATION

I understand that any appointment tendered me will be contingent upon the results of a complete background investigations, and I am aware that withholding information or making false statements on this application may be the basis for non-employment or dismissal from the State Attorney's Office. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete.

Name

Date