



Office of State Attorney  
 First Judicial Circuit of Florida  
**EMPLOYMENT APPLICATION**

Equal Opportunity Employer/Affirmative Action Employer  
 The State of Florida does not tolerate violence in the workplace.

**Where to Find Vacancy Information:**

- On the Internet: <https://peoplefirst.myflorida.com>
- One Stop Career Centers - *Consult your local telephone directory or visit <http://www.employflorida.com>*
- State Agency Personnel Offices

**POSITION APPLIED FOR**

Agency: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Position Number: \_\_\_\_\_  
 Counties of Interest: \_\_\_\_\_  
 Date Available: \_\_\_\_\_  
 Minimum Acceptable Salary: \_\_\_\_\_

**GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:**

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application to the Office of State Attorney, First Judicial Circuit of Florida, FAX: (850) 595-4212 or Email to [human\\_resources@sa01.org](mailto:human_resources@sa01.org) or Mail to PO Box 12726, Pensacola, FL 32591
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

**HOW DO WE CONTACT YOU?**

Name \_\_\_\_\_  
 People First Employee ID Number (if any) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Home Phone (if applicable) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:**

NAME / LOCATION OF SCHOOL \_\_\_\_\_ RECEIVED:  Diploma  Other (specify) \_\_\_\_\_  None

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

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (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
		FROM	TO	QTR	SEM		

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

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

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	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 service (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 in this section must be completed. Resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**6** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

## KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as specific software knowledge, keyboard net speed, power point, e-filing, etc.

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## EXEMPTION FROM PUBLIC RECORDS 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 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES  NO

\*\*Other covered jobs include but are not limited to: correctional and correctional probation officers, 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.].

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## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES  NO

If "YES", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

HAVE YOU EVER 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.]

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## 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?

YES  NO

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## RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES  NO

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## SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the State.

IF YOU ARE A MALE BORN ON OR AFTER JANUARY 1, 1960, HAVE YOU REGISTERED OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES  NO  N/A

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## 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, personnel staff, and other authorized employees of Florida state government for 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 of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_ POSITION NUMBER: \_\_\_\_\_

**VETERANS' PREFERENCE INFORMATION:** (Career Service positions only) For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories.

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. Department of Veterans' Affairs and the Department of Defense, **or**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power, **or**
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
4. The unremarried widow or widower of a veteran who died of a service-connected disability, **or**
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

The receipt of a campaign medal is not required, only service during a wartime period. Wartime periods are defined in §1.01, F.S. Veterans' Preference may only be given to non-state employees or current state employees applying to positions outside their current agency or political subdivision. Veterans' Preference is only available to Florida residents.

AD214 or comparable document which serves as a certificate of release or discharge and any other required supporting documentation must be furnished at the time of application. Please FAX supporting documentation to the People First Service Center at 904/636-2627 by the closing date of the advertisement. Be sure to include the position number for which you are applying. In addition to the DD214, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then to those in categories 3, 4 and 5.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

**VETERANS' PREFERENCE CLAIM:** IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? (Please indicate number from Veterans' Preference Information section above.)

ARE YOU CURRENTLY EMPLOYED IN A CAREER SERVICE POSITION WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?

YES  NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

YES  NO

HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?

YES  NO

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, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

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 NUMBER: \_\_\_\_\_

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_