



Office of the State Attorney EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

The Office of the State Attorney does not tolerate violence in the workplace.

Where to Find Vacancy Information:

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

FOR OFFICIAL USE ONLY

	/ /		
Agency Authorized	Date	Class Code	Status

POSITION APPLIED FOR

Title: _____

Position Number: _____ Date Available: _____

Counties of Interest: _____

Minimum Acceptable Salary: _____

GENERAL INSTRUCTIONS

- Complete this application in its entirety.
- Type or print in ink.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Your application must be received by the office announcing the vacancy by the closing date.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU

Name (Last, First, MI) _____

Social Security Number _____ PeopleFirst Employee ID Number (if any) _____

Your Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____

EDUCATION

HIGH SCHOOL

NAME/ LOCATION OF SCHOOL	YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:
RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None	
GRADUATION YEAR: _____	

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: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Expiration Date	State Licensing

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and 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 the application. All other information in this section **must** be completed. **Resumes may be attached to provide additional information.**

1 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

2 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

3 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

4

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

5

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

6

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

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

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) 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 operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.?

YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistance 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 §119.07, F.S.].

BACKGROUND INFORMATION

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

YES NO

If "YES", what charge(s)? _____
Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR?

YES NO

If "YES", what charge(s)? _____
Where convicted? _____ Date of Conviction _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR?

YES NO

If "YES", what charge(s)? _____
Where convicted? _____ Date of Conviction _____

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 §119.071, F.S.]

CITIZENSHIP

The State of Florida hires only U.S. citizen and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

YES NO

RELATIVES

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

YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempt.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?

YES NO

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: _____

VETERAN'S 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 is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four 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 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 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 unmarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge claim must be furnished at the time of application. In addition, 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. Wartime periods are defined in 1.01(14), F.S. Veterans' Preference shall expire after an eligible person has been employed by any state or agency of a political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

If an 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, Florida 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.)

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge form Active Duty) and any other required supporting documentation with your application.

Employer MJST remove this section prior to the selection process. This information must be retained by the agency personnel office.

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 and Affirmative Action. 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.

a. SEX MALE FEMALE

b. DATE OF BIRTH: _____

c. RACE (Check One Only):

- HISPANIC or LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- WHITE(not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- BLACK or AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.
- PACIFIC ISLANDER (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AMERICAN INDIAN OR ALASKAN NATIVE(not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- OTHER (not Hispanic or Latino) - All persons who identify with none of, or more than one of the above categories (Specify): _____