

STATE ATTORNEY

Fourth Judicial Circuit of Florida
Ed Austin Building
311 West Monroe Street
Jacksonville, Florida 32202-4242
Tel: (904) 255-2500
Fax: (904) 255-2942

MELISSA W. NELSON
STATE ATTORNEY

Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
DRUG FREE WORKPLACE - WE DRUG TEST

The State Attorney's Office does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

IF YOU HAVE A DISABILITY THAT REQUIRES ACCOMMODATION(S) TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

PERSONAL:

DATE: _____

Last Name First Middle

Home Phone

Street Address

Cell Phone

City, State, Zip

Business Phone

Email address

Have you ever applied for employment with the State Attorney's Office? Yes No

If yes, month and year: _____

Position desired: Clerical Paralegal / Prosecution Support Specialist Victim Advocate

Investigator (Sworn Law Enforcement Only) Pay expected: \$ _____

Full Time Part Time Summer Internship (UNPAID)

When will you be available to begin work? _____

How did you learn of our organization? _____

List names of relatives or friends working for us: _____

SELECTIVE SERVICE SYSTEM REGISTRATION: All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted. 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

MILITARY SERVICE RECORD:

Were you in the United States Armed Forces? Yes No

If yes, what branch? _____

Dates of Duty: From _____ To _____

Type of Discharge: _____

EDUCATION:

High School

Your name while attending school, if different from the application: _____

Name of School: _____

Location: _____
City State

Graduated: Yes No Course of study: _____

If NOT high school graduate, do you have an equivalency diploma? Yes No
(GED, night school, etc.)

What special courses have you taken? _____

College

Your name while attending school, if different from the application: _____

Degree: _____

Name of School: _____

Location: _____
City State

Last year attended: _____ Graduated: Yes No

Course of study: _____

Trade School

Your name while attending school, if different from the application: _____

Certificate: _____

Name of School: _____

Location: _____
City State

Dates attended: _____ Graduated: Yes No

Course of study: _____

WORK HISTORY: List in order, last or present employer first. Resumes are acceptable for the description of duties and responsibilities. All other information in this section must be completed.

Present or Last Employer:

Name, Address and Telephone Number of Employer: _____

Employment Dates: From _____ To _____

Supervisor's Name: _____

What position did you hold? _____

Specific duties and responsibilities: _____

Reason for leaving: _____

Past Employment:

1. Name, Address and Telephone Number of Employer: _____

Employment Dates: From _____ To _____

Supervisor's Name: _____

What position did you hold? _____

Specific duties and responsibilities: _____

Reason for leaving: _____

2. Name, Address and Telephone Number of Employer: _____

Employment Dates: From _____ To _____

Supervisor's Name: _____

What position did you hold? _____

Specific duties and responsibilities: _____

Reason for leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSA's):

List KSA's you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in languages, etc.

CITIZENSHIP:

The State of Florida hires only U.S. citizens 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 United States.

Are you legally eligible for employment in the United States? Yes No

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, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local government 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.]*

The Office of the State Attorney is a criminal justice agency within the definition of § 943.05, Florida Statutes. Therefore, employees/officers must report adult criminal history information regardless of whether such record has been sealed or expunged.

Please complete the following in ink:

Have you ever been arrested for a crime, felony or a misdemeanor? Yes No

If "yes", on what charges? _____

Have you ever been convicted of a felony or a misdemeanor? Yes No

If "yes", on what charges? _____

What was the sentence? _____

Where convicted? _____

Date of conviction: _____

Have you ever pled Nolo Contendere, pled guilty or had adjudication of guilt withheld for a crime, felony or misdemeanor? Yes No

If "yes", to what charges? _____

What was the sentence? _____

Where convicted? _____

Date of conviction: _____

NOTE: A "Yes" answer to these questions will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

I, _____, as a condition of employment, hereby authorize the Office of the State Attorney to request the Florida Department of Law Enforcement to conduct a background check. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may be grounds for disciplinary action, up to and including dismissal. Additionally, I understand that I must disclose to my immediate supervisor any future arrests and/or convictions or adjudications of guilt withheld which may occur during my tenure with the Office, and that failure to do so may result in disciplinary action, up to and including dismissal.

Signature: _____

Date: _____

CERTIFICATION:

I HEREBY CERTIFY that all statements made on this application are true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that all employees of the State Attorney's Office are employees-at-will. Both the employee and the State Attorney's Office have the right to terminate employment at any time for any reason.

Signature Date

EEO SURVEY:

The following information is requested to aid the State Attorney's Office in its commitment to Equal Employment Opportunity and Affirmative Action. The information is used solely to help us comply with EEO reporting requirements.

a. SEX: Male Female

b. DATE OF BIRTH: _____

c. RACE: (Check one only)

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)