



EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
The State Attorney's Office does not tolerate violence in the workplace.

Where to Find Vacancy Information: www.sao.cjis20.org

FOR OFFICIAL USE ONLY

Agency Authorized Signature	Date	Broadband/Class Code	Status

POSITION APPLIED FOR

Agency	State Attorney's Office, 20 th Judicial Circuit		
Title			
Date Available			
Minimum Acceptable Salary			
Counties of Interest:	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Collier	<input type="checkbox"/> Glades <input type="checkbox"/> Hendry <input type="checkbox"/> Lee

General Instructions for Completion of Application:

- Complete all information within this application in its entirety.
- Type of 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.)
- 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 (if any)			
Mailing Address			
City	County	State	Zip Code
Phone	Alternate Phone		
E-mail Address			

EDUCATION

HIGH SCHOOL

NAME / LOCATION OF SCHOOL	RECEIVED
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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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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 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 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.].

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.]

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

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES 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 October 1, 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 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: _____

VETERANS' PREFERENCE: (Career Service positions only) Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, F.S. specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. For applicants seeking Veterans' Preference in accordance with Rule 55A-7, Florida Administrative Code (F.A.C.), completion of the Veterans' Preference section below is required and will be kept confidential, as appropriate, in accordance with the Americans with Disabilities Act.

Florida Department of Veterans' Affairs

Veterans' Preference Certification

Section 295.07(1), Florida Statutes (F.S.), provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), F.S. Section 295.09, F.S., also provides Veterans' Preference for reinstatement, reemployment, and promotion.

Listed below are the seven Veterans' Preference categories as outlined on the Florida Department of Veterans' Affairs Veterans' Preference Certification, FDVA form VP-1, effective date: June/2016, incorporated in Rule 55A-7.013, F.A.C.

a. A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans' Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans' Affairs and the United States Department of Defense. [section 295.07(1)(a), F.S.]
- b. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power. [section 295.07(1)(b), F.S.]
- c. A wartime veteran as defined in section 1.01(14), F.S., who has served at least 1 day during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training may not be allowed for eligibility under this paragraph. [section 295.07(1)(c), F.S.]
- d. The unremarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.] A completed "Certification of Unremarried Widow or Widower" form (FDVA form VP-3) must be provided.
- e. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [section 295.07(1)(e), F.S.] A "Certification of Unremarried Widow or Widower" form (FDVA form VP-3) must be provided.
- f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [section 295.07(1)(f), F.S.]
- g. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [section 295.07(1)(g), F.S.] A completed "Certification of Current Member of Reserve Component of the United States Armed Forces or the Florida National Guard" form (FDVA form VP-2) must be provided.

VETERANS' PREFERENCE CLAIM: I CERTIFY THAT I AM QUALIFIED TO CLAIM VETERANS' PREFERENCE UNDER THE CATEGORY SELECTED. (PLEASE INDICATE THE LETTER THAT CORRESPONDS WITH YOUR PREFERENCE FROM THE VETERANS' PREFERENCE INFORMATION SECTION ABOVE.)

☐

ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?

☐ YES

☐ NO

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

☐ YES

☐ NO

All applicants claiming Veterans' Preference must submit a DD Form 214 (member copy #4) or comparable discharge, separation or current reserve documentation that indicates the character of service as honorable. In addition, all applicants claiming Categories a, b, c, d, or e above must also furnish supporting documentation in accordance with the provisions of Rule 55A-7, F.A.C. Please fax your supporting documentation to the People First Service Center at (888) 403-2110 by the closing date of the job announcement. Be sure to include the position number for which you are applying on each page submitted. All required documents must be submitted no later than the closing date of the job announcement.

Under Florida law, preference in appointment shall be given first to those persons in Categories a or b and then to those in Categories c, d, e, f or g. If a qualified applicant claiming Veterans' Preference believes he/she was not afforded employment preference, he/she may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708 in accordance with the timelines specified in Rule 55A-7.016, F.A.C. A complaint must be filed within 60 calendar days of the applicant receiving notice of the hiring decision made by the employing agency. If a notice of the hiring decision is not received, it is the responsibility of the preference-eligible applicant to contact the Human Resource Office or other contact person where the vacancy occurred prior to filing a complaint. Such contact shall occur at least one time after 45 days have passed from the final date for submitting an application or the interview date, whichever is later in time.

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 TITLE FOR WHICH YOU ARE APPLYING: _____