

## OFFICE OF BRUCE BARTLETT, STATE ATTORNEY SIXTH JUDICIAL CIRCUIT

In and for Pinellas and Pasco Counties P O BOX 17500 CLEARWATER, FL 33762 (727) 464-6221

An Equal Opportunity Employer

Please notify our Human Resource Department in advance if you require special disability accommodations to participate in the employment process.

### **EMPLOYMENT APPLICATION**

POSITION APPLIED FOR				DATE _		
PREFERRED LOCATION	Clearwater	New	Port Richey		Dade City	
APPLICATION INFORMATION						
NAME						
HOME ADDRESS						
CITY						
CELL PHONE		HOME PI	HONE			
E-MAIL	How	were you refe	erred to our o	ffice?		
Are any of your family members employed b	y us?	Yes	No			
If Yes, please list name(s) and how they are	elated to you					
EMPLOYMENT HISTORY						
Please complete form; do not write "see resum military service, if applicable. Account for all If you are applying for an attorney position an Florida Bar application lists the employment in May we contact your current employer?	time, including ped d have a copy of ye	eriods of unemour Florida Ba ot necessary to	ployment. A r application,	dditional for please attac	rms are available	e, if necessary.
Name of Current or Most Recent Employer						
From To				(per hour, we	eek, or month)	
Address						
Job Title						
Supervisor's Name		Ti	tle			
Phone Number						
Your name while employed in this job if diff	erent from applica	tion				
Duties and responsibilities						
Reason(s) for leaving						

# OFFICE OF THE STATE ATTORNEY, SIXTH JUDICIAL CIRCUIT Employment History Continued

Name of Employer				
From	То	Hours per week	 Salary (per hour, week, or month)	
Address				
Phone Number				
Duties and responsibility	ties			
Reason(s) for leaving				
Name of Employer				
From	To	Hours per week	 Salary (per hour, week, or month)	
Address				
Phone Number				
Duties and responsibilit	ties			
Reason(s) for leaving				

# OFFICE OF THE STATE ATTORNEY, SIXTH JUDICIAL CIRCUIT Employment History Continued

Name of Employer			
From	То	Hours per week	 Salary (per hour, week, or month)
Address			
Phone Number			
Duties and responsibilities	es		
Reason(s) for leaving			
N 65 1			
From	То	Hours per week	 Salary (per hour, week, or month)
Address			
Job Title			
Phone Number			
Your name while employ			
Duties and responsibilities	es		
Reason(s) for leaving			

EDUCATION AND TRAINING			
Highest grade/year completed High So	chool (grade) C	ollege (year)	Graduate School (year)
LAST HIGH SCHOOL ATTENDED			
Name		City, State _	
Dates Attended From	To		
Your name, if different while attending school	ol		
High School Diploma Yes N			
COLLEGE OR UNIVERSITY			
Name		City, State _	
Dates Attended From	То		
Your name, if different while attending school	ol		
Credit Hours Earned Major/Min	or Course of Study	Тур	e of Degree Earned
Name		City, State	
Dates Attended From	То		
Your name, if different while attending school	ol		
Credit Hours Earned Major/Min-	or Course of Study	Тур	e of Degree Earned
OTHER SCHOOLS/TRAINING (Trade, V	ocational, Business, Armed	d Forces)	
Name		City, State _	
Dates Attended From	То		
Your name, if different while attending school			
Subjects		Certifica	te License #
SPECIAL SKILLS AND OTHER TRAINI	NG		
Typing (wpm) Personal Comp	uter Software		
Other			
Licenses and Certifications			
	(include Law School, C	Clinic or Intern Programs and	Driver's License)

### OFFICE OF THE STATE ATTORNEY, SIXTH JUDICIAL CIRCUIT Education and Training Continued

PROFESSIONAL MEMBERSHIPS			
Are you a member in good standing of the Flori	ida Bar?	Yes	No
Are you a member of any other Bar?	Yes No		
If Yes, list bar memberships and bar numbers.			
List any relevant professional memberships. Ex	xclude religious	organizations.	
CRIMINAL RECORD			
	vill be checked.	Information c	Office, it is necessary for our office to investigate all concerning convictions or association with felons may o give required information may be discharged.
Would you please provide us with the following	additional infor	mation?	
Have you ever been arrested, charged, or convict	ted for violation	of any law or	ordinance, including traffic violations?
	Yes	N	No
If YES, describe the nature of the offense(s). She probation served and convictions during military		, disposition, a	and court. Include prison and suspended sentences,
Do you have any pending civil or criminal matt		Yes	es No
Have you ever filed for bankruptcy?	Yes N	No	
Are there any other issues in your background th	at would potenti	ally jeopardize	ze the handling or processing of sensitive information?
	Yes	N	No
If YES, to any question, please explain.			

**Note**: A "YES" answer to any of these questions will not automatically bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

BIOGRAPHICAL INFORMATION		
Your full, legal name		
	Maiden	
Date of Birth		
If you are married, please complete the following:		
Name of Spouse		
Employer's Address		
PERSONAL REFERENCES		
	resses and phone numbers. Do not list relatives, former or current employers.	
Name		
Name	Phone	
Address		
		_
Name	Phone	
Address		

#### NOTICE OF MANDATORY DRUG SCREEN

All job finalists will be required to submit to a drug screen as part of their application for employment.

#### CERTIFICATION

I certify that answers given herein are true and complete. I understand that false or misleading information given in my application or interview(s), or the omission of any information requested, will be grounds for refusal to hire or, in the event employment has already been offered or begun, may result in immediate termination. I understand also that if hired, I will be required to abide by all rules and regulations of the employer. I also hereby acknowledge that employment with the State Attorney's Office, Sixth Judicial Circuit is not covered under any civil service system and all employees serve at the pleasure of the State Attorney.

I hereby authorize the release of any information to the State Attorney's Office needed to investigate my past and present work, character, education, military, and police records to ascertain any and all information which may be pertinent to my employment with the State Attorney's Office. I understand that information may be obtained through personal interview with my neighbors and friends.

The release in any manner of any and all information by any persons having such information is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies whomsoever from any damages resulting from furnishing such information to the State Attorney's Office, Sixth Judicial Circuit.

Signature	
Print Name	
Date	