



**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 _____ STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

E-MAIL _____ How were you referred to our office? _____

Are any of your family members employed by us? Yes No

If Yes, please list name(s) and how they are related to you _____

EMPLOYMENT HISTORY

Please complete form; do not write "see resume." Starting with current or most recent employer, list **ALL** jobs held, including military service, if applicable. Account for all time, including periods of unemployment. Additional forms are available, if necessary. If you are applying for an attorney position and have a copy of your Florida Bar application, please attach to this document. If your Florida Bar application lists the employment information, it is not necessary to fill this portion out.

May we contact your current employer? Yes No

Name of Current or Most Recent Employer _____

From _____ To _____ Hours per week _____ Salary (per hour, week, or month) _____

Address _____

Job Title _____

Supervisor's Name _____ Title _____

Phone Number _____

Your name while employed in this job if different from application _____

Duties and responsibilities _____

Reason(s) for leaving _____

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

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EDUCATION AND TRAINING

Highest grade/year completed High School (grade) _____ College (year) _____ Graduate School (year) _____

LAST HIGH SCHOOL ATTENDED

Name _____ City, State _____

Dates Attended From _____ To _____

Your name, if different while attending school _____

High School Diploma Yes No GED Equivalency Yes No Issuing State _____

COLLEGE OR UNIVERSITY

Name _____ City, State _____

Dates Attended From _____ To _____

Your name, if different while attending school _____

Credit Hours Earned _____ Major/Minor Course of Study _____ Type of Degree Earned _____

Name _____ City, State _____

Dates Attended From _____ To _____

Your name, if different while attending school _____

Credit Hours Earned _____ Major/Minor Course of Study _____ Type of Degree Earned _____

OTHER SCHOOLS/TRAINING (Trade, Vocational, Business, Armed Forces)

Name _____ City, State _____

Dates Attended From _____ To _____

Your name, if different while attending school _____

Subjects _____ Certificate License # _____

SPECIAL SKILLS AND OTHER TRAINING

Typing (wpm) _____ Personal Computer Software _____

Other _____

Licenses and Certifications _____
(include Law School, Clinic or Intern Programs and Driver's License)

PROFESSIONAL MEMBERSHIPS

List any relevant professional memberships. Exclude religious organizations.

CRIMINAL RECORD

Due to the sensitive nature of all work processed through the State Attorney’s Office, it is necessary for our office to investigate all eligible candidates. Police and driving records will be checked. Information concerning convictions or association with felons may disqualify an applicant. An applicant who falsifies the application by failing to give required information may be discharged.

Would you please provide us with the following additional information?

Have you ever been arrested, charged, or convicted for violation of any law or ordinance, including traffic violations?

Yes No

If YES, describe the nature of the offense(s). Show date, location, disposition, and court. Include prison and suspended sentences, probation served and convictions during military service.

Do you have any pending civil or criminal matters at this time? Yes No

Have you ever filed for bankruptcy? Yes No

Are there any other issues in your background that would potentially jeopardize the handling or processing of sensitive information?

Yes 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 _____

Any other names used _____ Maiden _____

Date of Birth _____ Marital Status _____

If you are married, please complete the following:

Name of Spouse _____

Spouse’s Date of Birth _____

Spouse’s Employer _____

Employer’s Address _____

Employer’s Telephone Number _____

PERSONAL REFERENCES

Please list three references. **Include complete addresses and phone numbers.** Do not list relatives, former or current employers.

Name _____ Phone _____

Address _____

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 _____