



**HAROLD F. PRYOR  
STATE ATTORNEY**

SEVENTEENTH JUDICIAL CIRCUIT OF FLORIDA  
BROWARD COUNTY COURTHOUSE  
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FORT LAUDERDALE, FL 33301-3360

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**AUTHORITY TO RELEASE INFORMATION FOR  
PRE-EMPLOYMENT BACKGROUND INVESTIGATION**

**TO:** ANY person, organization, firm, company, or agency having knowledge of my conduct or activities or any past or present employer, or any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a school (university, college, secondary school, trade school, or other educational institution), or any department or agency of a City, County, or State government or of the Federal government.

**RE:** APPLICATION FOR EMPLOYMENT – Support/Investigative/Professional Staff

I, \_\_\_\_\_, HEREBY AUTHORIZE the Office of the State Attorney, Seventeenth Judicial Circuit, in and for Broward County, Florida, in connection with my application for employment, to conduct an appropriate background investigation including, but not necessarily limited to education and employment verification, criminal history background, and/or personal interviews, for determination of my eligibility to occupy a position of trust as an employee of the said State Attorney's Office.

I AUTHORIZE the Office to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure. I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- If this Office permits, the Office may provide me with a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

I AUTHORIZE all persons who may have information relevant to this background investigation (which information is not exempt from disclosure pursuant to Florida's Public Records Act, Chapter 119, Florida Statutes) to disclose such relevant information to the authorized representative of the said State Attorney's Office named below, and I hereby release and hold harmless all persons from liability on account of such disclosure.

I HEREBY FURTHER AUTHORIZE that a photocopy of this Authorization may be considered as valid as an original.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # and state \_\_\_\_\_

Expiration date: \_\_\_\_\_

Social Security # \_\_\_\_\_



# Office of the State Attorney 17<sup>th</sup> Circuit EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer  
The State of Florida does not tolerate violence in the workplace.

## Where to Find Vacancy Information:

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

## FOR OFFICIAL USE ONLY

Agency Authorized Signature

Date

Broadband/Class Code

Status

## POSITION APPLIED FOR

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Date Available: \_\_\_\_\_

Counties Interest: \_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_

## GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type application on-line or print and complete 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.)
- Submit application to The Office of the State Attorney, 17<sup>th</sup> Circuit as instructed in the Applicant Information guidelines located on our web site at [www.browardsao.com](http://www.browardsao.com).
- You agree by clicking the drop down in the signature section that you have electronically signed your application and dated it. You certify the information noted in your application is true and it is subject to verification.

## HOW DO WE CONTACT YOU?

Name \_\_\_\_\_

People First Employee ID Number (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL:

NAME / LOCATION OF SCHOOL

RECEIVED: ☐ Diploma ☐ Other (specify) \_\_\_\_\_ ☐ None

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. If a conditional offer of employment is made, 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: \_\_\_\_\_ POSITION NUMBER: \_\_\_\_\_

**VETERANS' PREFERENCE INFORMATION: (Career Service positions only)** For the purposes of appointment, retention, reinstatement, reemployment and promotion, 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, Florida Statutes (F.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Completion of the Veterans' Preference section below is voluntary and will be kept confidential in accordance with the Americans with Disabilities Act. Listed below are the seven Veterans' Preference categories.

- a. 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. [section 295.07(1)(a), F.S.]
- b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, 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 on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [section 295.07(1)(c), F.S.]
- d. The un-remarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.]
- 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.]
- 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.]

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, d, or e above must also furnish supporting documentation in accordance with the provisions of Rule 55A-7 Florida Administrative Code. 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, Veterans' Preference, P. O. Box 31003, St. Petersburg, FL 33731. 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 ABOVE ARE YOU CLAIMING?

ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING? ☐ YES ☐ NO

HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT IN A CAREER SERVICE POSITION, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING? ☐ YES ☐ NO

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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
- ☐ Two or more races

**Ethnicity (CHECK ONLY ONE):**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

SEX: ☐ MALE ☐ FEMALE

DATE OF BIRTH: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_