

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations	
<i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____ _____		

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

<input type="checkbox"/>	Provide dates you attended school:	Elementary From _____ To _____	<input type="checkbox"/> Number of dependents, including yourself
	High School From _____ To _____	College From _____ To _____	<input type="checkbox"/> Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (give name and dates)		<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Date of Marriage
			<input type="checkbox"/> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	What was your previous address?		<input type="checkbox"/> How long at present address? _____ Years
			<input type="checkbox"/> How long at previous address? _____ Years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?		<input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.		
<input type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.		
<input type="checkbox"/>			
<input type="checkbox"/>			

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION SURVEY

STATE OF FLORIDA
OFFICE OF THE PUBLIC DEFENDER
FOURTH JUDICIAL CIRCUIT
DUVAL COUNTY COURTHOUSE
JACKSONVILLE, FLORIDA 32202

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

TO ALL APPLICANTS:

The following information is requested to aid the Office of the Public Defender in its commitment to Equal Employment Opportunity and Affirmative Action. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs, or age, except as provided by law. This survey will be separated from your application and the interview process, and used for statistical purposes only. Please print. Thanks.

_____	_____	_____
Last Name	First Name	M.I.
Today's Date: _____	POSITIONS FOR WHICH YOU ARE APPLYING	
Date of Birth: _____	_____	
Disabled or handicapped: ___ No ___ Yes	_____	
specify: _____	_____	
Sex: _____	_____	

RACIAL IDENTIFICATION: Please identify yourself in terms of the racial/ethnic groups below. (Check only one)

- _____ H - Hispanic:
All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- _____ O - Asian or Pacific Islander:
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example China, Japan, Korea, Philippine Islands, and Samoa.
- _____ I - American Indian or Alaskan Native:
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ B - Black (not of Hispanic origin):
All persons having origins in any of the Black racial groups of Africa.
- _____ C - White (not of Hispanic origin):
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ X - Other (specify): _____

EMPLOYMENT OPPORTUNITY SOURCE: How did you find out about employment opportunities with this office? (Check one)

- | | | |
|--------------------------------|--------------------------|----------------------|
| 1 _____ Job Announcement | 4 _____ Newspaper | 7 _____ Personnel |
| 2 _____ Current Employer | 5 _____ Radio/TV | 8 _____ Other Agency |
| 3 _____ School/College | 6 _____ Community Agency | 9 _____ Friend |
| 10 _____ Other (specify) _____ | | |