



LAW OFFICES OF
PUBLIC DEFENDER
CARLOS J. MARTINEZ
 ELEVENTH JUDICIAL CIRCUIT OF FLORIDA
 Bennett H. Brummer Building
 1320 NW 14TH STREET
 MIAMI, FLORIDA 33125



Application for Employment

Note: Sections A through G of this application must be fully completed and signed if you wish to be considered for employment. Please type or print in ink. Please feel free to use the back of the page if additional space is needed. Information submitted on this application is subject to verification. The State of Florida hires only U.S. citizens and lawfully authorized alien workers. Prospective employees will receive consideration without discrimination because of race, color, sex, religion, age, national origin, veteran status, disability, sexual orientation, marital status or political affiliation. Please notify the hiring authority in advance if you require special disability accommodations to participate in the employment process.

Position desired: _____

Salary desired: _____

A. Personal Information

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Other: _____	S.S.N: _____

B. Florida Bar Information

Are you a member of the Florida Bar? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date admitted: _____	Florida Bar Number: _____
Membership in Bar of any other jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where? _____	Date admitted: _____

Have you ever been the subject of a Bar complaint, investigation, or disciplinary action? Yes No

If yes, please explain: _____

C. Education

High School Attended

Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			

College Attended

Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			
Major:		Type of Degree:	

Other Colleges Attended

Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			
Major:		Type of Degree:	
Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			
Major:		Type of Degree:	

Law School Attended

Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			
Rank of Graduation:		LSAT Score:	

Other graduate Work

Name:	From:	To:	Did you graduate? () Yes () No
Your name, if different:			Type of Degree:

Special Honors and Extra-Curricular Activities

At college: _____

At law school: _____

Other institutions: _____

D. Employment

Present Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
May we contact your present employer? () Yes () No	Last salary:	

Duties: _____

Reason for leaving: _____

Prior Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: _____

Reason for leaving: _____

Additional Prior Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: _____

Reason for leaving: _____

D. Employment (cont.)

Present Non-Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
May we contact your present employer? () Yes () No	Last salary:	

Duties: _____

Reason for leaving: _____

Prior Non-Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: _____

Reason for leaving: _____

Additional Prior Non-Legal Employment (if any)

Company name:		
Company address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: _____

Reason for leaving: _____

E. Special Skills

Are you fluent in any languages other than English? () Yes () No

If yes, which languages: _____

Do you have particular factual or legal investigative training or experience? () Yes () No

If yes, explain: _____

Do you have particular skills or training in public speaking? () Yes () No

If yes, explain: _____

Do you have particular legal writing training or experience? () Yes () No

If yes, explain: _____

Do you have any prior employment or association with institutions treating the mentally disordered? () Yes () No

If yes, explain: _____

F. Citizenship

Are you a citizen of the U.S.? () Yes () No

If not, do you possess: (please circle one) I-151 card I-551 card I-94 card stamped "employment authorized"

Civic or professional organizations: (You may exclude those which could disclose your race, color, religion or national origin)

G. Background Information

Have you ever been convicted of a felony or first degree misdemeanor? () Yes () No

If yes, what charges and where convicted: _____

Have you ever pleaded nolo contendere to a felony or a first degree misdemeanor, but had adjudication or guilt withheld by courts? () Yes () No

If yes, what charges and where: _____

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

H. References

References from within this office, the criminal justice system, or other areas:

Are you related to anyone in the criminal justice system? () Yes () No

If yes, explain: _____

Reasons for seeking employment with this office:

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, personnel 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 except as exempted above. 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 of Applicant: _____

Date: _____

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305.545.1600

Attn: Executive Assistant Public Defender and General Counsel

AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER/ADA
THE STATE OF FLORIDA DOES NOT TOLERATE VIOLENCE IN THE WORKPLACE

EEO SURVEY

The following information is not mandatory. It is requested to aid the State of Florida in its commitment to Equal Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individual or deprive any individual of employment because of race, color, religion, sex, national origin, age, marital status, or disability.

Sex: () Male () Female Date of Birth: _____

Race: *(check only one)*

- White (not hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black (not hispanic origin):** Persons having origins in any of the black racial groups of Africa
- Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands which includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa
- American Indian or Alaskan Native:** Persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition
- Other:** _____