



State of Florida
 Third Judicial Circuit
EMPLOYMENT APPLICATION

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

Application for Internship Program
 (Cover letter and resume must be attached for consideration)

Please type or print	Social Security No.	Date
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Full Name	Last _____ First _____ Middle _____	Home/Cell Telephone	
Present Address	Street _____ Apt. _____	Work Telephone	
	City _____ State _____ Zip _____	Email Address	

Academic Level: 2L 3L Law Graduate

EDUCATION

HIGH SCHOOL:	
NAME / LOCATION OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> 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			

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, 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: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek

Why would you like to intern for the Third Judicial Circuit? _____

How did you hear of our Internship Program? _____

PROFESSIONAL REFERENCES:				
Name	Title	Business Relationship	Years Known	Telephone

I understand and agree to the following:

- Intern positions for the Third Judicial Circuit are unpaid and in such capacity are not considered employment by the State of Florida.
- I am required to maintain confidentiality and professionalism at all times.
- The Third Judicial Circuit is authorized to contact any references I have provided.

Signature: _____

Date: _____