



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



## Application for Employment

**Note:** Application must be fully completed and signed 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, gender identity or expression, marital status or political affiliation. Please notify the HR office in advance if you require special disability accommodations to participate in the employment process.

Position desired: \_\_\_\_\_

Salary desired: \_\_\_\_\_

### A. Personal Information

Name: _____		
Last	First	Middle Initial
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Other: _____	

### B. Florida Bar Information

Are you a member of the Florida Bar? ( ) Yes ( ) No	
Date admitted: _____	Florida Bar Number: _____
Membership in Bar of any other jurisdiction: ( ) Yes ( ) 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. Legal Field Employment and Internships

### *Present Legal Employment or Internship (if any)*

Organization:		
Organization's address:	Phone:	
Name of supervisor:	From:	To:
May we contact your present employer? ( ) Yes ( ) No		
Your name, if different:	Salary:	

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

### *Prior Legal Employment or Internship (if any)*

Organization:		
Organization's address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

### *Additional Prior Legal Employment or Internship (if any)*

Organization:		
Organization's address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

## D. Non-Legal Field Employment

### *Present Non-Legal Employment (if any)*

Organization:		
Organization's address:	Phone:	
Name of supervisor:	From:	To:
May we contact your present employer? ( ) Yes ( ) No		
Your name, if different:	Salary:	

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

### *Prior Non-Legal Employment (if any)*

Organization:		
Organization's address:	Phone:	
Name of supervisor:	From:	To:
Your name, if different:	Last salary:	

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

### *Additional Prior Non-Legal Employment (if any)*

Organization:		
Organization's 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 language other than English? ( ) Yes ( ) No

If yes, which language(s): \_\_\_\_\_

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: \_\_\_\_\_

**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"

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. 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.

**I. Transportation Requirement**

Assistant public defenders and legal trainees are required to travel locally and provide for their own transportation. Do you have a reliable vehicle for local transportation? ( ) Yes ( ) No

**J. References**

References from within the 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 by law. 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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MIAMI, FL 33125  
305.545.1900

Attn: Executive Chief Asst. for Recruitment and Litigation

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

## 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: *(check only one)*

- White**
- Black/African American**
- Asian**
- Native Hawaiian/Other Pacific Islander**
- American Indian or Alaskan Native**
- 2 or more races**

Ethnicity (check only one):

- Hispanic or Latino**
- Not Hispanic or Latino**

Sex:     Male         Female

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