



**THE BROWARD COUNTY CIRCUIT AND
COUNTY COURTS OF THE SEVENTEENTH
JUDICIAL CIRCUIT OF FLORIDA**
Victor Tobin, Chief Judge
Carol Lee Ortman, Trial Court Administrator

**BROWARD COUNTY COURTHOUSE
COURT ADMINISTRATION**
201 S.E. 6th Street, Room 470
Fort Lauderdale, FL 33301
(954) 831-7335

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. All statements are subject to investigation. Exaggerated or misleading statements are cause for rejection. PLEASE PRINT CLEARLY or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc. you feel will help in the evaluation.

1. Position Applying For		If you require assistance with testing due to a disability, please notify our staff.	
2. Today's Date ____ / ____ / ____ Month Day Year		3. When Available	
4. Name			
Last Name		First Name	M.I.
5. Social Security Number		6. Home Telephone Number	
		Area Code	Number
7. Current Valid Driver's License		Other Telephone Number	
Number			
State		Expiration Date	
8. PRESENT ADDRESS			
Street Address			
City		State	Zip Code
How long have you lived at present address? Years _____ Months _____			
9. PREVIOUS ADDRESS			
Street Address			
City		State	Zip Code
How long did you live at this address? Years _____ Months _____			

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

12. LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

13. SPECIFIC SKILLS — List below the Job Number from your Employment Record and total number of months of experience in skillfully operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Employment Record No.	Experience in months	List of Office and Related Equipment Operated
		List All Other Equipment Operated
		List of Crafts, Trades and Technical Professions

14. List membership(s) in professional, job-related organizations: _____

15. List any active professional, technical, occupational licenses or certificates and registrations you now hold: _____

16. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties: _____

Equal Employment Opportunity Information Form

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____
Social Security No.: _____
Name: _____
Job/Position Applied for: _____
Date of Birth: _____
Sex: _____ Female _____ Male

Race/Ethnic Categories (check one)

- _____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- _____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ **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 examples, China, Japan, Korea, the Philippine Islands and Somoa.
- _____ **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.
- _____ **OTHER (Specify)**: _____

(OPTIONAL) If you are handicapped or disabled, please specify:

