



OFFICE OF THE STATE ATTORNEY

FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY



DAVID ARONBERG
STATE ATTORNEY

HOW DO I APPLY FOR A LEGAL INTERNSHIP AT THE STATE ATTORNEY'S OFFICE IN PALM BEACH COUNTY?

- 1) Complete all pages in the application packet, including the Employment Application which is required of all employees, interns and volunteers. Please print legibly or type your responses.
- 2) Security & Background Authorization must be notarized prior to submission. Include clear color copies of requested identification documents.
- 3) Include Cover Letter & Resume
- 4) Completed applications can be submitted via U.S. Mail, email, faxed or hand delivered. Be sure to keep a copy for your files.
- 5) All applications will be acknowledged and we will begin processing completed applications to include the initial background screening.
- 6) We will schedule an interview to discuss your qualifications, interests and preferences.
- 7) Upon acceptance, you will be contacted to discuss availability and scheduling needs.
- 8) On your first day, you will receive an orientation and computer training.
- 9) If you have any questions about the programs or application process, please contact us!

Submit Complete Application to:
Terri Bramhall

HR Director/Law Student Internship Program Coordinator

State Attorney's Office, 15th Circuit

401 North Dixie Highway

West Palm Beach, FL 33401

Direct: 561-355-7085; Fax: 561-366-1816

humanresources@sa15.org

401 North Dixie Highway, West Palm Beach, Florida 33401

Phone: (561)355-7100

www.sa15.org



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LAW STUDENTS

Law students can apply for semester or summer internships at the State Attorney's Office.

Once accepted, Law Student Interns are assigned to specific trial court divisions focusing on trial litigation in criminal matters involving misdemeanor and felony offenses within Palm Beach County, Florida. Duties may include legal research, assisting in trial preparation, victim and witness contact, preparation of discovery, attending depositions and court proceedings, and discussing case management and trial strategy with Assistant State Attorneys.

With approval from the school, internships may be taken for credit.

All students will be interviewed as this allows the office to determine the students' interests and skill sets. Students may be placed in a division where there is a need for assistance. In addition, students will undergo a background check and fingerprinting prior to their internships.

PAID CERTIFIED LEGAL INTERNS

Law students who have been certified by the Florida Supreme Court can fully participate in criminal trials and other prosecution matters within Palm Beach County, Florida. In addition to the duties of a Law Student Intern, Certified Legal Interns are authorized to speak on the record in open court and will be responsible for a limited caseload in either the County Court Division or the Juvenile Division. Certified Legal Interns will gain valuable litigation skills and have the opportunity to interact with judges, defense counsel and law enforcement agencies.

This is an hourly paid position but does not include State Benefits. Students must undergo a background check and fingerprinting prior to their internships.

Prospective CLI's should contact the appropriate Dean of their Law School to determine eligibility to participate in a clinical program.

REQUIRED DOCUMENTS

Resume

Cover letter addressed to Human Resources

State of Florida Application

Security and Background Form – Notarized

Information Sheet

Proper Identification must be provided – clear color copies of ID Documents



EMPLOYMENT APPLICATION

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

Where to Find Vacancy Information:

- On the Internet: <https://peoplefirst.myflorida.com>
- One Stop Career Centers - Consult your local telephone directory or visit <http://www.employflorida.com>
- State Agency Personnel Offices

FOR OFFICIAL USE ONLY

	/ /		
Agency Authorized Signature	Date	Broadband/Class Code	Status

POSITION APPLIED FOR

Agency: _____

Title: _____

Position Number: _____ Date Available: _____

Counties of Interest: _____

Minimum Acceptable Salary: _____

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)

• Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?

Name (First) _____ (Middle) _____ (Last) _____

People First Employee ID Number (if any) _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

E-mail Address _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL _____ RECEIVED: Diploma Other (specify) _____ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME	NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED			MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
			FROM	TO	CLASS	CLOCK	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	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: 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: _____

4 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: _____

5 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: _____

6 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: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

YES NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?

YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the State.

IF YOU ARE A MALE BORN ON OR AFTER JANUARY 1,1960, HAVE YOU REGISTERED OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES NO N/A

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. 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: _____ DATE: _____

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____ POSITION NUMBER: _____

VETERANS' PREFERENCE INFORMATION: (Career Service positions only) For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, **or**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power, **or**
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
4. The unremarried widow or widower of a veteran who died of a service-connected disability, **or**
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized.

The receipt of a campaign medal is not required, only service during a wartime period. Wartime periods are defined in §1.01, F.S. Veterans' Preference may only be given to non-state employees or current state employees applying to positions outside their current agency or political subdivision. Veterans' Preference is only available to Florida residents.

A DD214 or comparable document which serves as a certificate of release or discharge and any other required supporting documentation must be furnished at the time of application. Please **fax** supporting documentation to the People First Service Center at (888) 403-2110 by the closing date of the advertisement. Be sure to include the position number for which you are applying. In addition to the DD214, applicants claiming Categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in Categories 1 and 2 and then to those in Categories 3, 4 and 5.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM: IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? (Please indicate number from Veterans' Preference Information section above.)

ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?

 YES NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

 YES NO

HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT IN A CAREER SERVICE POSITION, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?

 YES NO

This section SHOULD be removed prior to the selection process.

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/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

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

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

SEX: MALE FEMALE

DATE OF BIRTH: _____

POSITION NUMBER: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Employment with the State of Florida

Note: This hard copy of the State of Florida employment application is to be used only if you are unable to use the online application process at <https://jobs.myflorida.com/index.html>

State Government Personnel Structure

Florida state government is a major employer in Florida offering many challenging and rewarding career opportunities. Included among the many advantages of working for the State are the diverse and interesting job opportunities as well as competitive salaries, benefits, and career mobility.

Employees with the State of Florida fall into a variety of different and autonomous personnel systems each with their own set of rules and regulations, collective bargaining agreements, and wage and benefit packages. The State Personnel System, comprised of employees in the Career Service, Selected Exempt Service and Senior Management Service pay plans, is the largest of these systems and is the focus of this narrative. The State of Florida employment application is used to apply for vacancies within the State Personnel System.

Most state jobs are in the Career Service pay plan. The Career Service provides uniform pay, job classification, benefits and recruitment for the majority of non-managerial jobs within state agencies. The Senior Management Service (SMS) includes upper management and policy-making jobs. Middle management, such as bureau chiefs, professional jobs, such as physicians and attorneys, and supervisory jobs are included in the Selected Exempt Service. Employees can move between agencies without any loss of state benefits.

Temporary jobs are funded by Other Personal Services (OPS) appropriations. OPS employees receive an hourly wage

but no benefits such as insurance, leave, or retirement.



Non-State Personnel System agencies are agencies in which jobs do not fall under the Career Service, Selected Exempt Service or Senior Management Service pay plans and their employment procedures may differ.

These employers may or may not accept the State of Florida employment application. Additionally, their job titles and salaries may not be comparable to those in the State Personnel System.

How to Search for Vacancies

Individual state agencies are responsible for announcing their job vacancies and making hiring decisions. Generally, agencies accept job applications for advertised vacancies only. However, agencies may accept applications for certain positions on a continuous basis. A completed State of Florida employment application is required for each job vacancy to which you apply.

There are several ways for you to obtain state job vacancy information:

- Access the People First job information web site on the Internet at: <https://jobs.myflorida.com>
- Contact individual State Personnel System agencies directly for information regarding their employment opportunities.
- Contact a Florida One Stop Career Center for job information on and other employment opportunities. To locate the office nearest you, check your telephone directory under "Workforce One Stop Career Center" or visit: <http://www.employflorida.com>

How to Market Yourself

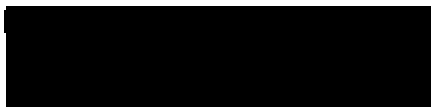
Prior to completing an application for any job, gather specific information about the duties of the job and relevant knowledge, skills and abilities required by carefully reviewing the job vacancy announcement or by contacting the employing agency, if necessary.

Use this information to ensure your application, cover letter, resume and other supporting materials address how your experience and education fulfill these requirements.

How Candidates are Selected

The first step an employing agency takes in the selection process is to review the applications which have been received to determine who is eligible to compete further in the selection process. Job-related criteria are used to determine those applicants who will be asked to participate in additional assessment steps such as an oral interview, a work sample exercise, or a proficiency test. The job-related information gained during the selection process will assist the hiring official in making the final selection decision. Veterans' preference and Affirmative Action goals are also considered by the agency in the decision-making process.

If, because of a disability, you require a special accommodation to participate in the application and selection process, please notify the hiring authority in advance.





Office of the State Attorney-15th Judicial Circuit -State Attorney Dave Aronberg
SECURITY AND BACKGROUND QUESTIONNAIRE



PLEASE PRINT

Purpose of Background: SAO Employee SAO Volunteer SAO Vendor

Name: _____
First Middle Last

Aliases: _____ Social Security# _____ - _____ - _____

Name on Bar Application: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____
State Country

Country of Citizenship: _____

Gender: Male Female Unknown

Race:

- A – Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or any other Pacific Islander
- B – Person having origins in any of the black racial groups of Africa
- I – American Indian, Eskimo or Alaskan native or a person having origins in any of the 48 contiguous states of the United States of America
- U – of indeterminable race
- W – Caucasian, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race

Ethnicity: (Check only one)

Hispanic or Latino - OR - Not Hispanic or Latino

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Previous Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email address: _____

To Process This Application-Proper Identification Must Be Provided

Copy of Photo ID such as Driver License OR State ID

AND

Copy of Original Social Security Card OR Copy of Birth Certificate OR Other: _____

Office Use Only

Background Check: Cleared: _____ Declined: _____

Signed: _____ Date: _____ / _____ / _____
Chief Investigator or Deputy Chief Investigator

FCIC/NCIC _____ CCIS _____ PALMS _____ JUV HIS _____ Date: _____ / _____ / _____



Office of the State Attorney Dave Aronberg
15th Judicial Circuit



To: Concerned Person or authorized Representative
of any Organization of Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

I respectfully request and authorize you to furnish the Office of the State Attorney, 15th Judicial circuit, any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. This information is to be used to assist the Office of the State attorney in determining my qualifications and fitness for the position I am seeking with the Office of the State Attorney, 15th Judicial Circuit.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested. I hereby acknowledge that I have read this Personal Inquiry Waiver form, full understand its purpose and give my consent for the release of the describe records and information freely and voluntarily.

SIGNATURE: _____ DATE: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me via physical presence OR online notarizations this _____ day of _____, 20____ by the above-named applicant: _____ who is personally known to me or who has exhibited to me a reliable form of identification issued within the past five (5) years, to-wit: _____ (exact type of identification relied upon).

An oath was not taken.

Signature of Notary

Stamp / Seal

INFORMATION SHEET for

Certified Legal Intern or **Law Student Intern**

Please print legibly

Name:	Full Address:
SSN:	Date of Birth:
Cell Phone/Home Phone:	Email Address:
Emergency contact:	Emergency Contact best phone number:
Emergency Contact Relationship:	Emergency Contact Alternate Phone number:
Start Date:	Division Assigned:
Supervisor:	Location:
Driver's License copy	Social Security Card copy

