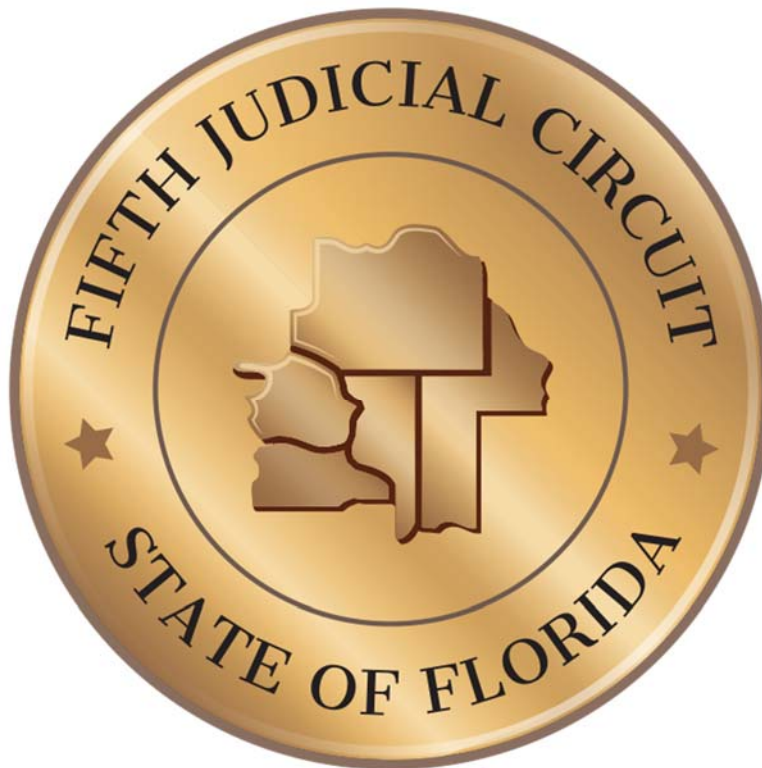


**FIFTH JUDICIAL CIRCUIT OF FLORIDA  
CONTRACT STENOGRAPHER &  
TRANSCRIPTIONIST  
APPLICATION**



# FIFTH JUDICIAL CIRCUIT OF FLORIDA CONTRACT STENOGRAPHER & TRANSCRIPTIONIST APPLICATION



**INSTRUCTIONS: ANSWER ALL QUESTIONS  
ACCURATELY, USING DARK INK. PLEASE PRINT  
CLEARLY OR TYPE.**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE \_\_\_\_\_  
(Home) (Work) (Cellular)

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

## **OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATIONS:**

COURT REPORTER CERTIFICATION NUMBER: \_\_\_\_\_

DATE OBTAINED \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_

OTHER PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATIONS:

TYPE \_\_\_\_\_



**DRIVER'S LICENSE:**

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?**

Yes \_\_\_\_\_ No \_\_\_\_\_

IF "YES", EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY:**

ANSWERING YES TO ANY OF THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM ENTERING INTO A CONTRACT TO PROVIDE COURT REPORTING SERVICES FOR THE FIFTH CIRCUIT. EACH CASE IS CONSIDERED INDIVIDUALLY. YOU MAY USE ADDITIONAL SPACE ON THE REVERSE OF THIS APPLICATION TO COMPLETE YOUR EXPLANATIONS.

**ALL CONTRACTORS MUST PASS A LEVEL TWO FINGER PRINT BASED BACKGROUND CHECK.**

HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, OR ANY CHARGE AGAINST YOU CURRENTLY:

OFFENSE \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

OFFENSE \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

OFFENSE \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_



**DISCLOSURE OF POSSIBLE CONFLICTS:**

TO THE BEST OF YOUR KNOWLEDGE ARE YOU OR ANY OF YOUR FAMILY MEMBERS NOW INVOLVED AS A PARTY, A WITNESS, OR THROUGH ANY OTHER CONNECTION WITH ANY SUIT OR LITIGATION BEFORE ANY COURTS OF THE FIFTH JUDICIAL CIRCUIT?

\_\_\_ YES      \_\_\_ NO

IF YES, PLEASE EXPLAIN:

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**EMPLOYMENT HISTORY:**

JOB HISTORY FOR THE LAST 5 YEARS, MOST CURRENT FIRST:

JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

JOB DESCRIPTION

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REASON FOR LEAVING

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JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

DATES EMPLOYED \_\_\_\_ TO \_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

JOB DESCRIPTION

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REASON FOR LEAVING

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JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

DATES EMPLOYED \_\_\_\_ TO \_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

JOB DESCRIPTION

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REASON FOR LEAVING

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JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

DATES EMPLOYED \_\_\_\_ TO \_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

JOB DESCRIPTION

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REASON FOR LEAVING

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CERTIFICATION

I \_\_\_\_\_ hereby certify to the veracity of the information  
[Print Name]  
contained in this application this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
[Applicant Signature]

MAIL OR EMAIL APPLICATION PACKET:

CATHRYN MARTIN  
ECR MANAGER  
20 NORTH MAIN STREET  
BROOKSVILLE, FL 34601  
EMAIL: [CMARTIN@CIRCUIT5.ORG](mailto:CMARTIN@CIRCUIT5.ORG)

IF YOU HAVE ANY QUESTIONS  
TELEPHONE: 352-754-4494



# Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY  
REQUEST FOR FINGERPRINTING SERVICES

**NAME:**

Last	First	Middle

**ALIAS NAME(S):**

Nickname and/or Maiden Name(s)		

**PERSONAL INFORMATION:**

Social Security Number	Date of Birth	State of Birth

**CITIZENSHIP:**

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**REASON FOR PRINTS:**

<input type="radio"/> Employee	<input type="radio"/> Contractor	<input type="radio"/> Interpreter	<input type="radio"/> Process Server
<input type="radio"/> Mediator	<input type="radio"/> Intern	<input type="radio"/> Other _____	

**ADDRESS:**

Street Name	PO Box Number

City	State	Zip Code

**PERSONAL IDENTIFIERS:**

<input type="radio"/> MALE	<input type="radio"/> FEMALE	<input type="radio"/> White (non-Hispanic)	<input type="radio"/> Black (non-Hispanic)	<input type="radio"/> Hispanic
		<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Native American	<input type="radio"/> Other (specify) _____

Sex

Race

<input type="radio"/> Blue	<input type="radio"/> Brown	<input type="radio"/> Gray	<input type="radio"/> Black	<input type="radio"/> Blonde	<input type="radio"/> Brown	<input type="radio"/> Sandy
<input type="radio"/> Green	<input type="radio"/> Hazel		<input type="radio"/> Red/Auburn	<input type="radio"/> Gray	<input type="radio"/> White	<input type="radio"/> Bald

Eye Color

Hair

Height	Weight

<b>ORI</b>
<b>FL O35015J</b>

**PHONE NUMBER(S):**

Home	Work	Other

\*\*\*\*\*CIRCUIT 5 USE ONLY\*\*\*\*\*

DATE:  FDLE/FBI#  Hotfile#:

Member providing service: \_\_\_\_\_ Contact #: \_\_\_\_\_