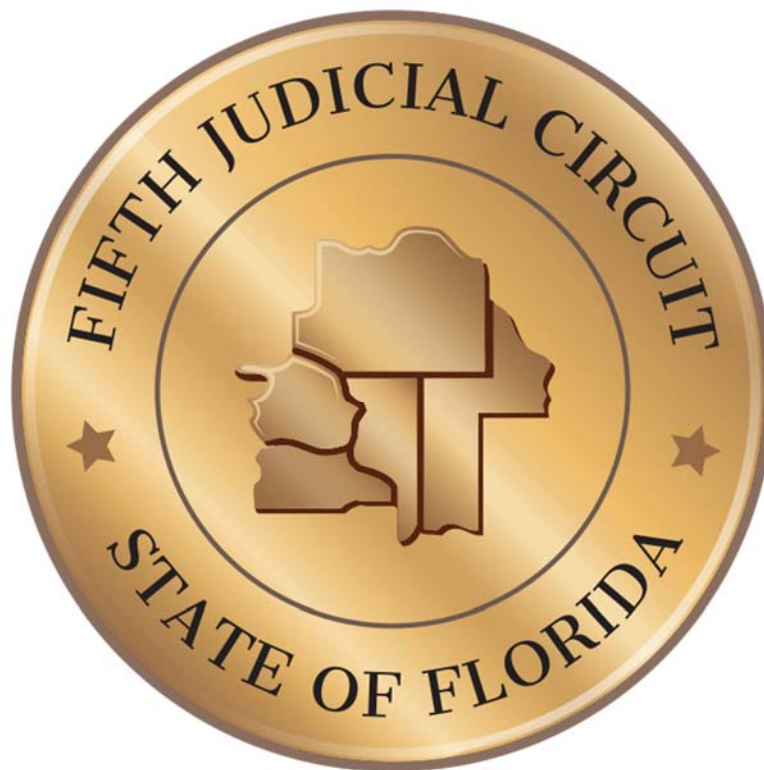
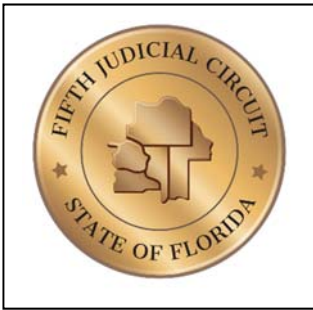


**FIFTH JUDICIAL CIRCUIT OF FLORIDA
CONTRACT STENOGRAPHER &
TRANSCRIPTIONIST
APPLICATION**



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:

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

REASON FOR LEAVING



JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING

JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING



JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING

CERTIFICATION

I _____ hereby certify to the veracity of the information
[Print Name]
contained in this application this _____ day of _____, 202__.

[Applicant Signature]

MAIL OR EMAIL APPLICATION PACKET:

CATHRYN MARTIN
ECR MANAGER
20 NORTH MAIN STREET
BROOKSVILLE, FL 34601
EMAIL: 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:

--

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

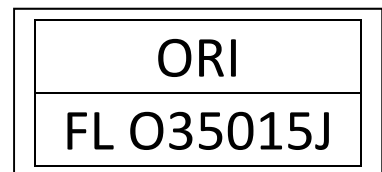
Race

<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



PHONE NUMBER(S):

Home	Work	Other

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

DATE: FDLE/FBI# Hotfile#:

Member providing service: _____ Contact #: _____