

FIFTH JUDICIAL CIRCUIT OF FLORIDA INTERNSHIP/EXTERNSHIP/VOLUNTEER APPLICATION



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

DATE _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Work) (Cellular)

EMAIL ADDRESS _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____
(Month) (Day) (Year)

EDUCATION:

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

HIGH SCHOOL _____ GED _____

COLLEGE OR UNIVERSITY _____

DEGREES ATTAINED _____



ARE YOU A CITIZEN OF THE UNITED STATES?

YES _____

NO _____

IF ALIEN, CHECK WHICH TYPE OF WORK AUTHORIZATION YOU HAVE:

_____ ALIEN REGISTRATION FORM 1-151

_____ REFUGEE STATUS FORM 1-94

IF NATURALIZED, RECORD THE NUMBER OF ONE OF THE FOLLOWING FORMS OF IDENTIFICATION:

NATURALIZATION CERTIFICATE # _____

U.S. PASSPORT # _____

VOTER'S REGISTRATION # _____

(Note: Certificates listed here must be presented when filing this application, along with current Florida Driver's License.)

UNITED STATES MILITARY SERVICE: ONLY REQUIRED FOR VETERANS' TREATMENT COURT VOLUNTEERS

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY?

YES _____/

NO _____/

IF YES, LIST TYPE OF DISCHARGE: _____ HONORABLE _____ GENERAL _____ OTHER

IF "OTHER", PLEASE EXPLAIN: _____

ACTIVE DUTY DATES: FROM _____ TO _____

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:

(If relevant to position sought)

TYPE _____ NUMBER _____

DATE OBTAINED _____ RENEWAL DATE _____

IF ONE IS PENDING: TYPE _____ DATE EXPECTED _____



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 AN INTERNSHIP. EACH CASE IS CONSIDERED INDIVIDUALLY. YOU MAY USE ADDITIONAL SPACE ON THE REVERSE OF THIS APPLICATION TO COMPLETE YOUR EXPLANATIONS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

_____ 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 _____



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

PROGRAM INFORMATION AND SELECTION:

PROGRAM SELECTION (SELECT ONE)

____ LEGAL INTERN/EXTERN PROGRAM ____ COURT ADMINISTRATION ____ VOLUNTEER

NAME OF LAW SCHOOL, UNIVERSITY, HIGH SCHOOL, OR ORGANIZATION: (if requesting credit)

COUNTY SELECTION:

____ CITRUS COUNTY ____ HERNANDO COUNTY ____ LAKE COUNTY

____ MARION COUNTY ____ SUMTER COUNTY



DEPARTMENTS: (SELECT UP TO THREE OPTIONS)

___ LEGAL SERVICES IN THE OFFICE OF THE GENERAL COUNSEL

___ JUDICIAL: STAFF ATTORNEY OFFICE

___ JUDICIAL: POSITIONS ARE LIMITED AND REQUIRE APPROVAL OF JUDGE

___ MEDIATION

___ PROBLEM SOLVING COURTS: (DRUG COURT, MENTAL HEALTH COURT, VETERAN'S COURT)

___ FINANCE AND ACCOUNTING: (AVAILABLE IN LAKE OR MARION COUNTY ONLY)

___ COURT INTERPRETING: (AVAILABLE IN HERNANDO, LAKE OR MARION COUNTIES ONLY)

___ COURT REPORTING: (AVAILABLE IN HERNANDO, LAKE OR MARION COUNTIES ONLY)

___ CASE MANAGEMENT: (FAMILY LAW AND CIVIL LITIGATION)

___ OTHER: SPECIFY _____



CERTIFICATION:

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S), OR THE OMISSION OF ANY INFORMATION REQUESTED, WILL BE GROUNDS FOR REFUSAL OF INTERNSHIP OR, IN THE EVENT INTERNSHIP HAS ALREADY BEEN OFFERED, MAY RESULT IN IMMEDIATE TERMINATION. I UNDERSTAND THAT IF OFFERED AN INTERNSHIP, I WILL BE REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE ADMINISTRATIVE OFFICE OF THE COURTS. I AGREE THAT IF I AM ARRESTED, CHARGED WITH ANY CRIMINAL OFFENSE, OR NAMED IN ANY SUIT IN ANY JURISDICTION, OR IF A PERSONAL OR FAMILIAL INVOLVEMENT ARISES IN THE OUTCOME OF ANY LITIGATION BEFORE ANY COURT OF THE FIFTH JUDICIAL CIRCUIT DURING MY INTERNSHIP, I WILL IMMEDIATELY NOTIFY THE GENERAL COUNSEL'S OFFICE OF THE FIFTH JUDICIAL CIRCUIT, MY SCHOOL (IF APPLICABLE), AND ANY JUDGE FOR WHOM I MAY BE INTERNING. I GRANT PERMISSION TO THE FIFTH JUDICIAL CIRCUIT TO CONDUCT A BACKGROUND CHECK ON ME.

APPLICANT FOR THE FIFTH JUDICIAL CIRCUIT, _____, [PRINT
APPLICANT NAME] ON THIS ____ DAY OF _____, 20____.

[APPLICANT] SIGNATURE



**THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION:
ALL APPLICANTS MUST PROVIDE:**

- COVER LETTER
- APPLICATION
- FINGERPRINT AUTHORIZATION

APPLICANTS FOR LEGAL INTERNSHIPS AND EXTERNSHIPS MUST ALSO PROVIDE:

- RESUME
- WRITING SAMPLE
- TWO LETTERS OF RECOMMENDATION

MAIL APPLICATION PACKET TO:
ROBIN HAMEL
HUMAN RESOURCES
550 W. MAIN ST,
TAVARES FLORIDA 32778

OR EMAIL THE APPLICATION PACKET TO:
RHAMEL@CIRCUIT5.ORG

IF YOU HAVE ANY QUESTIONS ABOUT INTERNSHIP/
EXTERNSHIP/VOLUNTEER APPLICATION YOU MAY
CONTACT:
ROBIN HAMEL
HUMAN RESOURCES DIRECTOR
TELEPHONE: 352-253-1607
EMAIL: RHAMEL@CIRCUIT5.ORG



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

ORI
FL O35015J

PHONE NUMBER(S):

Home	Work	Other

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

DATE: FDLE/FBI# Hotfile#:

Member providing service: _____ Contact #: _____