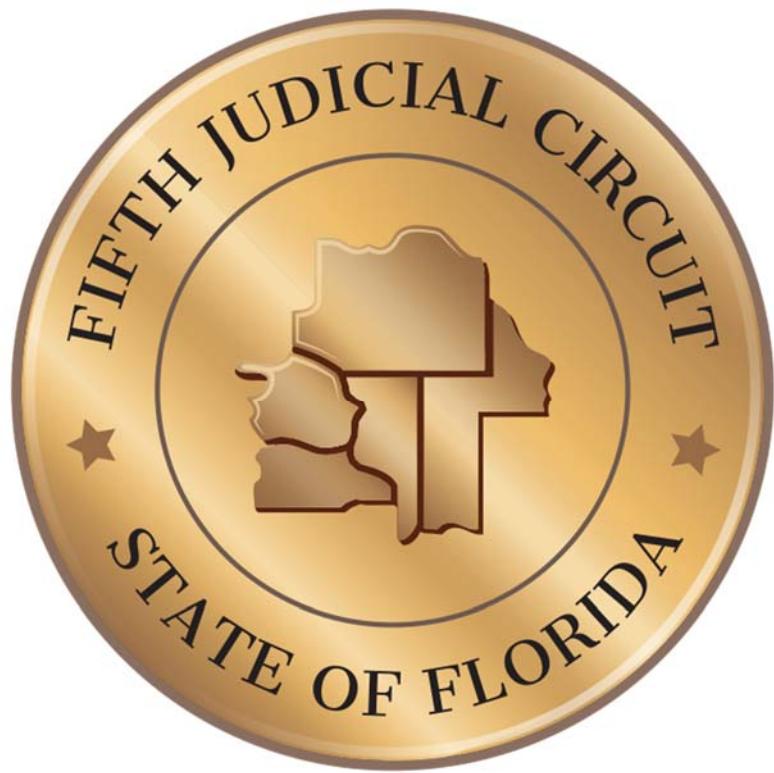


FIFTH JUDICIAL CIRCUIT OF FLORIDA CONTRACT STENOGRAPHER & TRANSCRIPTIONIST APPLICATION



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:

**DUE PROCESS SERVICES
550 WEST MAIN STREET, RM. 5-700
TAVARES, FL 32778
EMAIL: DUEPROCESS@CIRCUIT5.ORG**

**IF YOU HAVE ANY QUESTIONS
TELEPHONE: 352- 253-1606**

