5TH JUDICIAL CIRCUIT CERTIFIED PROCESS SERVER CHECKLIST

COMPLETE APPLICATION PACKETS ARE <u>REQUIRED</u> TO ENSURE YOUR CLASS RESERVATION

NAME: _____

EMAIL ADDRESS: _____

- ☐ APPLICATION COMPLETE
- ☐ CERTIFICATE OF GOOD CONDUCT AND OATH INCLUDED
- ☐ CHECK PAYABLE TO THE STATE OF FLORIDA INCLUDED FOR $250.00

  or PAY ONLINE **HERE**
- ☐ FINGERPRINT SCHEDULED

Fifth Judicial Circuit Process Server Application

Date: _____

Name: _____

Address (Full Address, include: City, State, ZIP): _____

Phone #: _____ Email Address: _____

Please list below the contact information you would like published on the registry. If you prefer to keep your contact information confidential, please select the following box: ☐ N/A

Please note, some gated communities will not allow entry if your name is not published on the registry.

First Name: _____ Last Name: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Are you currently working in another circuit? If so, name which circuit: _____

	YES	NO
• Are you eighteen (18) years of age or older?	☐	☐
• Do you have any mental or legal disabilities?	☐	☐
• Are you a permanent Florida resident?	☐	☐
• Has your driver's license ever been suspended or revoked?	☐	☐
• Have you ever been arrested for a felony or first-degree misdeameanor?	☐	☐

Education:	(Highest Grade Completed)	☐ High School Diploma	☐ GED
High School Name:	Location:		
College or University:	Location:		
Degrees Attained:			
Additional Training:			

EMPLOYMENT HISTORY: JOB HISTORY FOR THE LAST 5 YEARS (MOST CURRENT FIRST):

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title :	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

Job Title:	Supervisor:	Dates Employed:
Company:	Address:	Phone:
Job Description:		
Reason for leaving:		

I SWEAR OR AFFIRM THAT I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES IMPOSED UPON ME AS A CERTIFIED CIVIL PROCESS SERVER IN ACCORDANCE WITH ADMINISTRATIVE A-2008-21-C AND WILL ABIDE BY, AND EFFECT SERVICE OF PROCESS, IN ACCORDANCE WITH, THE APPLICABLE FLORIDA STATUTES AND RULES OF COURT.

I UNDERSTAND AND AGREE THAT AS A CERTIFIED CIVIL PROCESS SERVER, I WILL POST WITH THE ADMINISTRATIVE OFFICE OF THE COURTS, A BOND IN THE AMOUNT OF $5,000.00 IN CASH OR WITH SURETIES APPROVED BY THE COURT FOR THE BENEFIT OF ANY PERSONS INJURED BY ME AS A RESULT OF ANY WRONGFUL ACT OR OMISSION RELATING TO MY ACTIVITIES AS A CERTIFIED CIVIL PROCESS SERVER.

I UNDERSTAND AND AGREE THAT AS AN APPLICANT FOR THE STATUS OF CERTIFIED CIVIL PROCESS SERVER, A FELONY BACKGROUND INVESTIGATION WILL BE PERFORMED TO ASSURE MY ELIGIBILITY FOR CERTIFICATION. I UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE FOR ANY REASON PER ADMINISTRATIVE ORDER A-2008-21-C.

_____

SIGNATURE OF APPLICANT

FIFTH JUDICIAL CIRCUIT
CERTIFIED PROCESS SERVER

CERTIFICATE OF GOOD CONDUCT

STATE OF FLORIDA
COUNTY OF _____

Before me, this day personally appeared _____ who, being first duly sworn, deposes and says:

1. There is no criminal case pending against him/her.
2. There is no record of any felony conviction against him/her.
3. There is no record of a conviction of a misdemeanor involving moral turpitude or dishonesty against him/her within the past 5 years.

_____
Signature

Subscribed and sworn to before me this _____ day of _____, _____.
Personally known ☐ or produced identification ☐ type of identification produced _____.

_____
Notary Public

STATE OF FLORIDA
COUNTY OF _____

OATH OF OFFICE OF CERTIFIED PROCESS SERVER

I, _____, a citizen of the state of Florida and the United States of America, being appointed a certified process server within the jurisdiction of the Fifth Judicial Circuit of the state of Florida, do hereby solemnly swear or affirm that I will support the constitution of the United States and of the state of Florida, and that I will faithfully execute my duties as certified process server pursuant to the provisions of §48, Florida Statutes.

_____ _____
Florida Driver's License Number Signature

Subscribed and sworn to before me this _____ day of _____,_____
Personally known ☐ or produced identification ☐ type of identification produced _____.

_____
Notary Public

Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY

REQUEST FOR FINGERPRINTING SERVICES

(This form must be completed)

NAME:

Last	First	Middle

ALIAS NAME(S):

Nickname and/or Maiden Name(s)		

PERSONAL INFORMATION:

Social Security Number	Date of Birth	State of Birth	Driver's License Number/ State

CITIZENSHIP:

REASON FOR PRINTS:

	◯ Employee ◯ Contractor ◯ Interpreter ◯ Process Server ◯ Mediator ◯ Intern ◯ Other _____

ADDRESS:

Street Name	PO Box Number

City	State	Zip Code

PERSONAL IDENTIFIERS:

◯ MALE ◯ FEMALE	◯ White (non-Hispanic) ◯ Black (non-Hispanic) ◯ Hispanic ◯ Asian or Pacific Islander ◯ Native American ◯ Other (specify)_____
Sex	Race

◯ Blue ◯ Brown ◯ Gray ◯ Green ◯ Hazel	◯ Black ◯ Blonde ◯ Brown ◯ Sandy ◯ Red/Auburn ◯ Gray ◯ White ◯ 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 #: _____

Human Resources

Background Check Authorization

Fifth Judicial Circuit

State of
FLORIDA

Background Check Authorization and Release of Information for Employment/Volunteer Purposes/Contractors/Process Servers or any registry appointment

I hereby authorize the Fifth Judicial Circuit, State of Florida, and its designated agents and representatives, to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, volunteer work, contractors, process servers, registry appointment, promotion, reassignment or retention as an employee. I understand the scope may include, but is not limited to the following areas: verification of Social Security number, current and previous residences, employment history, including all personnel files, military record, education, references, credit history and reports, criminal history, including records from any criminal justice agency in any or all the federal, state or county jurisdictions, birth records, motor vehicle records including traffic citations and registration and any other public records. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. I understand the Fifth Judicial Circuit uses E-Verify® in its hiring practices. I authorize the release of this information by the appropriate agencies to the investigating agencies. The Fifth Judicial Circuit may use outside agencies to obtain information during the background process. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I also understand I may be required to take a drug test before or during employment.

I understand that I have an ongoing duty to disclose any arrest to the Fifth Judicial Circuit. This includes any arrest which occurs during the entirety of my employment. Arrests must be disclosed immediately to Robin Hamel in Human Resources.

Print Name: _____

Signature: _____

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested. I understand that pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer rights will be provided to me.

PLEASE PRINT CLEARLY AND SIGN AT THE BOTTOM

Full Name: _____ SSN: _____

Other Names or SSN Used: _____

Current Street Address: _____

City: _____ State: ____FL_____ Zip: _____

Telephone Number: _____

Driver's License #: _____State: _____ **DOB:**_____/_____/_____

May we contact your current employer: ☐ Yes ☐ No

List all addresses for past 7 years (☐ Check here if more on reverse)

_____ DATES: _____ - _____
Prior Street Address from to

_____ DATES: _____-_____
Prior Street Address _ from to

APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.

I hereby authorize the Fifth Judicial Circuit to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure. I understand the following:

• My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.

• A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.

• I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.

• I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____
Date: _____