FIFTH JUDICIAL CIRCUIT OF FLORIDA
SUPREME COURT CERTIFIED CONTRACT MEDIATOR
APPLICATION

FIFTH JUDICIAL CIRCUIT OF FLORIDA
CONTRACT FLORIDA SUPREME COURT CERTIFIED MEDIATOR

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:

FLORIDA MEDIATOR 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 MEDIATE 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:

STEPHANIE FIGUEROA
ADR DIRECTOR

550 W. MAIN STREET
TAVARES, FLORIDA 34601
EMAIL: SFIGUEROA@CIRCUIT5.ORG

IF YOU HAVE ANY QUESTIONS
TELEPHONE: 352-638-1994