



APPLICATION FOR OPS LAW CLERK

Office of the Attorney General
PL-01, The Capitol, Tallahassee, Florida 32399-1050
Phone: (850) 245-0140 Fax: (850) 922-2872

General Information

Name:		
Address:		
City:		E-mail:
State:	Zip:	Phone:
Please indicate the academic term for which you are applying: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
In which office(s) would you prefer to clerk? (All positions are located in Tallahassee unless otherwise noted)		
<input type="checkbox"/> Antitrust	<input type="checkbox"/> Economic Crimes	
<input type="checkbox"/> Child Support Enforcement	<input type="checkbox"/> General Civil Litigation	
<input type="checkbox"/> Child Support Enforcement (St. Petersburg)	<input type="checkbox"/> Medicaid Fraud	
<input type="checkbox"/> Children's Legal Services (Broward)		
Number of hours per week you are available:		

Please list skills you possess that may be helpful to you as an OPS law clerk:

What are your career objectives?

Academic Background (list colleges/universities from which you are pursuing, or have received, a degree)

Current College/University or Law School:		
City:	State:	GPA:
Major/Area of study (if applicable):		Rank:
Type of degree pursued:	Date degree expected:	
Academic Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Law Student		
If applicable, other colleges or universities from which you have received a degree:		

College/University:		
City:	State:	GPA:
Major/Area of study (if applicable):		Rank:
Type of degree earned:	Date degree received:	
College/University:		
City:	State:	GPA:
Major/Area of study (if applicable):		Rank:
Type of degree earned:	Date degree received:	

Background Information

Are you a U.S. citizen, or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "YES" to any of the following questions attach an explanation to this application; include the date(s) and location(s) of conviction(s) and the disposition(s):
Have you ever been charged with a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any statements are true, correct, complete, and made in good faith.

I ACKNOWLEDGE THE ABOVE TERMS

Name: (Please print first, middle and last name): _____

Signature: _____ Date: _____

Required documentation:

- Application
- Cover Letter
- Resume
- Official Transcript
- Letter(s) of Recommendation
- Writing Sample
- Addendum to Application for Appointment Form
- Pre-Employment Security Screening Authorization Form