



**Office of the State Attorney, 13<sup>th</sup> Judicial Circuit  
Bridging the Bar Job Shadow Application**

Thank you for your interest in learning more about legal careers in the criminal justice system. Our job shadowing program is designed for students who are interested in learning more about our office and criminal prosecution. Please complete the information below. You will be contacted with further information about scheduling your visit.

Name:

Email:

Where do you attend school?

What level of degree are you pursuing?

When is your anticipated graduation?

How did you learn about the job shadowing opportunity with our office? If you were referred by an employee, please include their name.

Is there a particular area or person that you would be interested in observing?

I would like to observe for a

What date would you like to observe at our office? Please also list two alternate dates:

**Security Screening Authorization**

By means of acknowledging or signing this form, I hereby authorize the Office of the State Attorney, 13th Judicial Circuit (SAO13) to conduct a background screening for work/volunteer purposes, which shall include a criminal background check on the FCIC/NCIC database. I understand that this information will be reviewed to determine my fitness and ability to participate in the job shadowing program at the Office of the State Attorney, 13th Judicial Circuit, and hereby waive the confidential nature of any of this information for this purpose. I understand that SAO13's policy prohibits the sharing of criminal history information with non-criminal justice agencies, the general public, or agency volunteers. Therefore, if you wish to verify the accuracy of your criminal history record that will be reviewed by the agency, a copy may be obtained by selecting the "Request a Criminal History" link from the front page of the FDLE website [www.fdle.state.fl.us](http://www.fdle.state.fl.us), by email at [publicrecords@fdle.state.fl.us](mailto:publicrecords@fdle.state.fl.us), or by phone at (850) 410-7676. 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.

Date of Birth:

Race:

Sex:

Social security #:

Driver's license #:

Former names or aliases used (if any):

Signature:

Date: