

*Franklin County Clerk of the Circuit Court*  
33 Market Street, Ste. 203, Apalachicola, FL 32320 Phone (850) 653-8861 Fax (850) 653-2261

**Employment Application**

**Important Information**

1. Please make sure others can read your application. Do not use pencil
2. This application must be completed in its entirety and signed if you wish to be considered for employment with Franklin County Clerk of the Circuit Court. Your application will not be considered unless complete answers are provided to all questions on this application. Please notify the hiring authority in advance if you require special accommodation because of disability to participate in the application /selection process. Information submitted on the application is subject to verification.
3. Filling out an application does not ensure you will be interviewed or hired, but that you will be considered for vacancies based upon the stated occupational preference or other suitable positions identified, when vacancies exist.
4. Florida Statute 119.07 designates most of the information on this application as a public document available for review by anyone requesting access.
5. **ALL JOB APPLICANTS AT THIS OFFICE WILL UNDERGO SCREENING FOR THE PRESENCE OF ILLEGAL DRUGS OR ALCOHOL AS A CONDITION OF EMPLOYMENT.**
6. We give priority to applicants who don't use a tobacco product.
7. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.
8. All Candidates accepted for employment must be in possession of an Official Social Security Card.
9. Employment is considered probationary for Six (6) Months. During this time, the employee may be terminated with or without cause.
10. **A false answer to any question or omission of fact in this application will constitute grounds for not employing you or for dismissing you if employed.**

(Please Print or Type)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	Person's Name _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Clerk's Office or County Employee	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
Zip Code		
Telephone Number(s)		

List any other names you have been known by: \_\_\_\_\_

Do you use a tobacco product? \_\_\_\_\_

Are you related to anyone presently employed by this office? \_\_\_\_ If yes who? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date(s) \_\_\_\_\_

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date(s) \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time

Can you travel if a job requires it?

☐ Yes ☐ No

Do you have a Florida Driver's License? ☐ Yes ☐ No If yes, license #: \_\_\_\_\_

Do you have a valid Driver's License from another state? ☐ Yes ☐ No If yes, license#: \_\_\_\_\_

Have you had a traffic violation? \* ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Has your license ever been suspended or revoked? \* ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Have you ever been convicted of any offenses? \* ☐ Yes ☐ No If yes, list each incident, date of arrest and outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Sentence: \_\_\_\_\_

Have you ever been a defendant in a civil action? \*

☐ Yes ☐ No

If Yes, Please explain (nature of action and disposition of the action) \_\_\_\_\_

**\*Note: A yes answer to the above questions will not necessarily bar you from employment. The nature, severity and date of the offense(s) will be considered in relation to the position(s) for which you are applying. Attach additional sheets as necessary.**

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any <u>foreign</u> languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

### Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


[illegible]

_____ Fax	_____ Computer	_____ Microsoft Office
_____ Switchboard	_____ Lotus	Other (list): _____
_____ Calculator	_____ Word	_____
_____ Typewriter	_____ Excel	_____

State any additional information you feel may be helpful to us in considering your application.


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIRMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available in the job posting or job description.

### References (no relatives)

1. \_\_\_\_\_  
 (Name) Phone #  
 \_\_\_\_\_  
 (Address)

2. \_\_\_\_\_  
 (Name) Phone #  
 \_\_\_\_\_  
 (Address)

3. \_\_\_\_\_  
 (Name) Phone #  
 \_\_\_\_\_  
 (Address)



## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Resumes are acceptable for description of duties however; you are required to complete all information in this section. All information is subject to pre-employment verification.

Employer (1)	Dates Employed		Briefly Describe Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

Employer (2)	Dates Employed		Briefly Describe Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

Employer (3)	Dates Employed		Briefly Describe Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

To assist Franklin County Clerk of the Circuit Court in processing my qualifications for the position(s) for which I am applying, I hereby authorize, by signature, Franklin County Clerk of the Circuit Court to seek out information regarding my present and previous employment and school records and to conduct any other type of background investigation as required. I hereby attest and certify that all information provided in this application is true and correct, and release and hold harmless Franklin County Clerk of the Circuit Court and its employees from any liability or damage which may result from furnishing the information requested in this application or information disclosed in the verification process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## VETERANS' PREFERENCE:

Veterans' preference will be given to eligible veterans and their spouses in accordance with Chapter 295 of the Florida Statutes.

Are you claiming a veterans' preference? ☐ Yes ☐ No

If "Yes", you must complete the Veterans' Preference form below.

Veterans' Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Veterans' Address: \_\_\_\_\_

Mark the appropriate line:

- ☐ 1. A veteran with compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and Department of Defense.
- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- ☐ 3. A veteran of any war who has served in active duty for one (1) day or more, and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America. Active duty for training is not allowable for veterans' preference consideration.
- ☐ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Entry Date

\_\_\_\_\_  
Discharge Date

- ☐ 5. Any Armed Forces Expeditionary Metal Received by a qualified applicant provides qualifying service for veterans' preference.

Have you ever been employed in a full-time capacity by the State of Florida, or any political subdivision of the state? (Upon acceptance of full-time employment with a public employer, veterans' preference entitlement expires.) ☐ Yes ☐ No

If yes, provide name of employer: \_\_\_\_\_

Are you a resident of the state of Florida? (Veterans' preference is only available to Florida residents.) ☐ Yes ☐ No

**NOTE: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above. If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL 33778-1630. A complaint must be filed within 21 days after notice of a hiring decision, or within three (3) months of the date the application is filed with the employer if no notice is given.**

Wartime era means any of the following:

World War II	December 7, 1941 to December 31, 1946
Korean Conflict	June 27, 1950 to January 31, 1955
Vietnam Era	February 28, 1961 to May 7, 1975
Persian Gulf	August 2, 1990 to January 2, 1992

**NOTE: Preference will be awarded only if you submit documentation:**  
**(DD-214 and/or Proof of Rating that is less than one year old of a service-connected disability).**  
**Please submit documentation to the attention of the Human Resources Division**