

# Suwannee County



## Clerk of the Circuit Court

DATE: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Suwannee County Clerk of the Circuit Court does not discriminate on the basis of race, sex, color, age, national origin, religion or disability.

- PLEASE PRINT -

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS (STREET, CITY, STATE AND ZIP CODE)	PHONE NUMBER
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POSITION DESIRED	DATE OF AVAILABILITY	MINIMUM SALARY EXPECTED
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DO YOU HAVE A VALID DRIVER'S LICENSE? ANSWER ONLY IF OPERATING A MOTOR VEHICLE IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING. YES <input type="checkbox"/> NO <input type="checkbox"/>	DRIVER'S LICENSE NO.	STATE	EXPIRES
	OTHER LICENSE NO.	STATE	EXPIRES
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE REASON:		

MAY WE CONTACT THE BUREAU OF DRIVER'S LICENSE RECORDS TO OBTAIN A TRANSCRIPT OF YOUR DRIVING RECORD? YES  NO

SIGNATURE \_\_\_\_\_

LIST NUMBER AND TYPE OF TRAFFIC VIOLATIONS DURING PAST THREE YEARS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, STATE OFFENSE, DATE, LOCATION, AND EXPLAIN. YES <input type="checkbox"/> NO <input type="checkbox"/>	OFFENSE	DATE	LOCATION
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EXPLAIN CONVICTION:

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, IN WHAT POSITION	REASON FOR LEAVING
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LIST NAMES, POSITION, AND RELATIONSHIP OF RELATIVES WORKING FOR SUWANNEE COUNTY:

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# EMPLOYMENT EXPERIENCE

(List positions in chronological order, starting with most recent.)

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

<b>1.</b>	EMPLOYER		DATES EMPLOYED		<b>WORK PERFORMED</b>
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			BEGINNING	END	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
<b>2.</b>	EMPLOYER		DATES EMPLOYED		<b>WORK PERFORMED</b>
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			BEGINNING	END	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
<b>3.</b>	EMPLOYER		DATES EMPLOYED		<b>WORK PERFORMED</b>
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			BEGINNING	END	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
<b>4.</b>	EMPLOYER		DATES EMPLOYED		<b>WORK PERFORMED</b>
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			BEGINNING	END	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					

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

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
<b>High School</b>				
<b>College</b>				
<b>Graduate/Professional</b>				
<b>Other (Specify)</b>				

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

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

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## REFERENCES

1.		( )	
	(Name)		(Phone)
	(Address)		
2.		( )	
	(Name)		(Phone)
	(Address)		
3.		( )	
	(Name)		(Phone)
	(Address)		

# MILITARY RECORD

HAVE YOU EVER SERVED IN THE MILITARY SERVICE OF THE UNITED STATES? YES  NO

ARE YOU A MEMBER OF THE ACTIVE RESERVE? YES  NO

IF YES TO ABOVE QUESTIONS, DID YOUR MILITARY SERVICE HAVE ANY RELATIONSHIP OR PROVIDE EXPERIENCE TO THE POSITION FOR WHICH YOU ARE APPLYING?

IF YES, PROVIDE DETAILS:

**VETERAN'S PREFERENCE:** PERSONS WHO HAVE BEEN HONORABLY SEPARATED FROM ACTIVE WARTIME OR CAMPAIGN SERVICE (DURING PEACE TIME) IN THE ARMED FORCES OF THE UNITED STATES ARE ALLOWED VETERAN'S PREFERENCE POINTS IN ACCORDANCE WITH FLORIDA STATUTES. IN SUPPORT OF YOUR CLAIM FOR VETERAN'S PREFERENCE, YOU WILL BE REQUIRED TO FURNISH DOCUMENTARY PROOF OF SERVICE UPON REQUEST OF THE AGENCY.

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERAN'S PREFERENCE SINCE OCTOBER 1, 1987? YES  NO

IF YES, GIVE NAME OF EMPLOYER: \_\_\_\_\_

DO YOU CLAIM VETERAN'S PREFERENCE:

- (A) BASED ON ACTIVE WARTIME OR CAMPAIGN SERVICE? YES  NO
- (B) AS A DISABLED VETERAN? YES  NO
- (C) AS THE UNMARRIED WIDOW OF A WAR VETERAN? YES  NO
- (D) AS THE WIFE OF A WAR VETERAN WHO IS UNABLE TO PURSUE GAINFUL EMPLOYMENT BECAUSE OF DISABILITY? YES  NO

IF VETERAN'S PREFERENCE IS CLAIMED, LIST DATES OF QUALIFYING SERVICE:

DATE OF ENTRY \_\_\_\_\_ DATE OF SEPARATION \_\_\_\_\_

IF CAMPAIGN SERVICE IS CLAIMED, SUBMIT COPY OF OFFICIAL ORDERS OR CITATION.

IF DISABILITY IS CLAIMED, GIVE PERCENT \_\_\_\_\_

## PLEASE READ CAREFULLY AND SIGN

I UNDERSTAND THAT IF I AM EMPLOYED, I WILL HAVE A PROBATIONARY PERIOD. IF MY WORK IS NOT SATISFACTORY AND IF I AM NOT SUITED TO THE TYPE OF WORK I AM HIRED FOR, I CAN BE DISMISSED AT ANY TIME. I UNDERSTAND THAT MY GROUP HOSPITAL INSURANCE POLICY WILL NOT BECOME EFFECTIVE UNTIL THE END OF THE PROBATIONARY PERIOD.

THE ABOVE ARE TRUE AND ACCURATE STATEMENTS. I AM NOT AWARE OF ANY PURPOSEFUL OMISSIONS OR FALSE STATEMENTS.

I AM \_\_\_\_\_ AM NOT \_\_\_\_\_ FLUENT IN THE FOLLOWING LANGUAGE(S): \_\_\_\_\_

SIGNED \_\_\_\_\_

(APPLICANT)