Suwannee County



Clerk of the Circuit Court

DATE:							
A Suwannee County Clerk of the Circ		TION FO				rigin, religion or disability	
		PLEAS	E PRINT –				
LAST NAME	FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER		
PRESENT ADDRESS (STREET, CITY, STA	LE AND ZIP COD	E)	nel Anto a The 17 May 19 diversity of each of the contract representative		PI	HONE NUMBER	
POSITION DESIRED		DATE OF AVAILABILITY			MINIMUM SALARY EXPECTED		
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 YES ON ON HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES ON ON		DRIVER'S LICENSE NO.			STATE	EXPIRES	
		OTHER LICENSE NO.			STATE	EXPIRES	
		IF YES, GIVE REAS	ON:	na agus an an Airle ann gaire i chaolaí aig bhaigh ann ann ann ann an ann an	THE THE PROPERTY OF THE PARTY AND A STATE OF THE PARTY AND A STATE OF THE PARTY AS A STATE OF THE PART		
MAY WE CONTACT THE BUREAU OF DR	IVER'S LICENSE	RECORDS TO OBTA	IN A TRANSCRIP	T OF YOUR DRI	VING RECORD?	YES Q NO Q	
SIGNATURE			_				
LIST NUMBER AND TYPE OF TRAFFIC V	IOLATIONS DUR	ING PAST THREE YE	EARS.				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, STATE OFFENSE, DATE, LOCATION, AND EXPLAIN. YES □ NO □		OFFENSE DAT		DATE		LOCATION	
EXPLAIN CONVICTION;	anni anni anni anni anni anni anni anni	over the second	and the second s	And the second s	ester reservo tros um som kommen emmen (ambiga)	er en general de de la companya de l	
HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY? YES O NO O		IF YES, IN WHAT E	POSITION .	en manuel hadro en manuel de proposition de la companya de la condiciona d	REASO	REASON FOR LEAVING	
LIST NAMES, POSITION, AND RELATION	ISHIP OF RELATI	VES WORKING FOR	SUWANNEE COU	INTY:			
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EMPLOYMENT EXPERIENCE

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

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES □ NO □

_						
1.	EMPLOYER		DATES EM	PLOYED	WORK PERFORMED	
			FROM	то		
	ADDRESS				A North Control of the Control of th	
	TELEPHONE NUMBER(S)		HOURLY RAT	TE/SALARY		
			BEGINNING	END		
	JOB TITLE	SUPERVISOR				
	REASON FOR LEAVING					
2.	EMPLOYER		DATES EM	PLOYED	WORK PERFORMED	
			FROM	то		
	ADDRESS					
ł	TELEPHONE NUMBER(S)	HOURLY RAT	TE/SALARY			
	NAME OF THE PARTY		BEGINNING	END		
	JOB TITLE	SUPERVISOR				
	REASON FOR LEAVING			***************************************	AND WARE CONTRACTOR OF THE CON	
3.	EMPLOYER		DATES EM	PLOYED		
<i>.</i>			FROM	то	WORK PERFORMED	
	ADDRESS					
ļ	TELEPHONE NUMBER(S)		HOURLY RAT	tive and the state of the state		
		The state of the s	BEGINNING	END		
	JOB TITLE	SUPERVISOR				
	REASON FOR LEAVING					
4.	живом под учения при		DATES EM	PLOYED	OR AND THE TRANSPORT TO A TENTON OF THE TRANSPORT OF THE	
			FROM	ТО	WORK PERFORMED	
	ADDRESS		M (2)			
	TELEPHONE NUMBER(S)		HOURLY RAT	E/SALARY		
			BEGINNING	END		
	JOB TITLE	SUPERVISOR			The state of the s	
	REASON FOR LEAVING		***************************************			
				The state of the s		

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				
High School								
College								
Graduate/Professional	and the second			The state of the s				
Other (Specify)								
Describe any specialized training, apprenticeship, skills and extra-curricular activities.								
			and the Company of th					
State any additional information	you feel may be helpful to us in c	onsidering your application.	THE GOAL AND					
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	KULK	ENCES	arana di linga antana di linga	and the second s				
1.	(Name)	()	(Phone)					
	(Address	;)						
2.			W					
	(Name)		(Phone)					
	(Address	3)						
3.	(Name)	()	(Phone)					
	(Address	()						

MILITARY RECORD HAVE YOU EVER SERVED IN THE MILITARY ARB YOU A MEMBER OF THE ACTIVE RESERVE? YES 🔲 NO 💭 SERVICE OF THE UNITED STATES? 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: YES 🖵 NO□ (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? (D) AS THE WIFE OF A WAR VETERAN WHO IS UNABLE TO NO 🗀 PURSUE GAINFUL EMPLOYMENT BECAUSE OF DISABILITY? IF VETERAN'S PREFERENCE IS CLAIMED, LIST DATES OF QUALIFYING SERVICE: DATE OF SEPARATION _____ DATE OF ENTRY 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):

(APPLICANT)

SIGNED