



**APPLICATION FOR EMPLOYMENT
WASHINGTON COUNTY
CLERK OF CIRCUIT COURT**

1331 South Boulevard
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Chipley, FL 32428
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LORA C. BELL
Clerk of Courts & Comptroller

We are an Equal Opportunity employer, Drug-free Workplace and Veterans' Preference employer

We consider applicants for all positions without regard to race, color, gender, pregnancy, marital status, religion, citizenship, national origin, age, disability, political opinions or affiliations, armed forces status, or any other legally protected status. The information requested on this application is required by law and/or by the Washington County Clerk of the Circuit Court's ("Clerk's Office") personnel rules and regulations and is necessary to be evaluated for employment with the Clerk's Office. In accordance with the Americans with Disabilities Act (ADA), we provide reasonable accommodations upon request. **Drug-Free Workplace Policy:** In accordance with F.S Section 112, the Clerk's Office is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment.

APPLICANT FACT SHEET

SUBMITTING YOUR APPLICATION

Applications for employment with the Clerk's Office are accepted during regular business hours, Monday through Friday. All applications are kept active for six (6) months and are reviewed for all vacant positions for which an applicant is qualified. If you are applying for a position requiring a specific license, certification or typing speed verification, a copy (not the original) of the required document must be submitted with the application. If you need assistance in scheduling a required typing test, please ask our personnel department. Failure to include copies of required documents will remove your application from consideration for any vacant position for which you may qualify. Applications for employment with the Clerk's office are public records (subject to certain redactions) pursuant to the Florida Public Records Act.

PROCESSING YOUR APPLICATION

All applicants on file are reviewed for the posted minimum qualifications. If your application reflects that you meet minimum qualifications, the department selects the most qualified applicants and interviews are scheduled. Only those applicants who are interviewed will be notified of the results of the selection process.

PROOF OF EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act requires that all employees submit proof of employment eligibility upon hire. If you are chosen for employment with the Clerk's Office, you will need to submit the required documentation on your first day of employment. No one will be allowed to begin working unless the original documents are submitted to the Personnel Office for verification.

GENERAL INSTRUCTIONS

NOTICE: All application questions must be answered. If a question is not applicable, state by indicating N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size onto this application, and number answers to correspond with questions. Please be specific when completing this application to insure all information is complete, true and correct. Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal. All information on the application is subject to verification. The Clerk's Office hires only U.S. citizens and lawfully authorized alien workers. If you need assistance completing this application, please call our administrative office at (850) 638-6285 ext. 223. If claiming Veterans' Preference, please complete the Veterans' Preference Section. All males between the ages of 18 and 21 must be registered with the Selective Service System or exempted. All applications are retained according to the applicable public records retention schedule provided by the State of Florida. Your application must be received by our office by the close of business on the closing date.

EMPLOYMENT DESIRED: (Type or print legibly in black or blue ink only.)

Position: _____ Date Available: _____

Minimum Salary Requirement: _____

Are there any days, shifts or hours that you will not work? _____ If yes, please explain: _____

APPLICANT INFORMATION: This application must be completed in its entirety and signed. Please indicate N/A (not applicable) in any section that does not apply. A resume may be attached, but **does not** substitute for a fully completed application. **UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Include with your application all documentation supporting that you meet the minimum requirements of the position.

Date: _____ Social Security # _____

Name: _____ Are you 18 years or older? ___Yes___ No. If under 18, do you have a work permit?*

Last First Middle

Email address: _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone # _____ Referred by: _____

EDUCATION

High School (or date GED completed)	Highest Grade Completed	Diploma? (Yes/No)	GED or Equivalency
Name of High School:			
Location (City & State):			
Your name, if different than on application:			

Name of College/University/ Professional School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major	Degree	Date Awarded (Month/Year)
		To	From				
Your name, if different than on application:							

Name of Technical/ Vocational/ Military School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major	Degree	Date Awarded (Month/Year)
		To	From				
Your name, if different than on application:							

RELATIVES EMPLOYED BY WASHINGTON COUNTY: If related to anyone who works for, or has worked for the Clerk's Office, or any other County Agency, please state name, department and location:

DRIVING RECORD:

Driver's License #: _____ Class: _____ State: _____ Exp. Date: _____

Is your license now or has it ever been suspended or revoked? ___ Yes ___ No. If yes, what year? _____

In what state? _____ Why? _____

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime? ___ Yes ___ No. If yes, give details (date, place, offense(s), disposition, etc.) and use additional sheets if necessary: _____

Have you ever been charged with a crime and/or either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? ___ Yes ___ No. If yes, give details (date, place, offense(s), disposition, etc.) and use additional sheets if necessary: _____

Special Skills or Knowledge: Please indicate the level of competency you have in each area

GENERAL				
Alpha/Numeric Filing	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Typing Skills: _____W.P.M.	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Cashier	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Data Entry	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Customer Service	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
10 Key Calculator	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

SPECIALIZED				
Accounting	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Budget/Audit	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Court Proceedings	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Scanning	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

COMPUTER				
Network(LAN/WAN) Support	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
PC/Help Desk Support	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
COMPUTER SOFTWARE				
Word	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Excel	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Outlook	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

OTHER QUALIFICATIONS									
List and describe any additional computer/ software/ typing skills/ office machines (i.e. copier, fax, etc.) experience you have:									
List any exceptional qualifications and skills including certifications, state recognized/special licenses, and memberships in professional organizations or societies. List scholarships, fellowships, honors, etc. (You may omit any organizations or activities that would divulge race, age, ethnic origin or religious affiliation):									
Do you know a Foreign Language(s)? (Other than English, including Sign Language) <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, specify below ▼ Language(s)	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

EMPLOYMENT RECORD:

Are you currently employed? ___ Yes ___ No. If yes, may we contact your current employer? ___ Yes ___ No.
If Yes, ___ At any time ___ Only if I am a finalist

Starting with your current or last job, discuss all periods of employment, including self-employment, military service and volunteer work. Please account for all periods of unemployment. Use additional sheets, if necessary. **NOTE: A resume of your employment record will not be accepted in lieu of the requested information, although you may include a resume as a supplement to the application.**

Date: Month & Year	Name, Address & Phone	Position/Duties	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				

Did you work for any of these employers under a different name: ___ Yes ___ No. If yes, which employer(s) and under what name(s)? _____

Please explain any gaps in your employment history: _____

Have you ever interviewed with the Washington County Clerk of Circuit Court? ___ Yes ___ No. If yes, dates
What Department? _____ Interviewer's Name: _____

Have you ever been employed by the Washington County Clerk of Circuit Court? ___ Yes ___ No. If yes, dates
What Department? _____ Supervisor's Name: _____ Reason for leaving: _____

Have you ever received written reprimands or disciplinary suspension during any previous employment? ___ Yes ___ No.
If yes, explain: _____

Have you ever been discharged or terminated from employment? ___ Yes ___ No. If yes, explain: _____

Note: Answering "yes" to any of the questions in the section above may not necessarily disqualify you from consideration for employment with the Clerk's Office. Each explanation is evaluated in relation to the position for which you are applying.

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Occupation	Years Acquainted
1.				
2.				
3.				

MILITARY:

Have you ever served in the Military? _____ Yes _____ No. If yes, which Branch? _____

Entry Date: _____ Release Date: _____ Type of Discharge: _____

Highest Rank Achieved: _____ Special Training/Skills: _____

I attest, under penalty of perjury that I am (check one of the following):

_____ A citizen or national of the United States _____ A Lawful Permanent Resident (Alien # A _____)

VETERANS' PREFERENCE CERTIFICATION:

In accordance with Chapter 295 of the Florida Statues, the Clerk's Office gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria. Such preferences will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by the Clerk's Office. Any applicant claiming Veterans' Preference for a vacant position who is not selected may file a complaint with the Department of Veterans Affairs: P.O Box 1437, St. Petersburg, Florida 33731. This complaint must be filed within twenty- one (21) days of notice of the hiring decision.

DO YOU CLAIM VETERANS' PREFERENCE? YOU MUST ATTACH PROOF (i.e. DD214) TO CLAIM PREFERENCE.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

(a) A disabled veteran:

- 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
- 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

(b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.

(c) A wartime veteran as defined in s. 1.01(14), who has served at least one (1) day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(d) The un-remarried widow or widower of a veteran who died of a service-connected disability.

(e) The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

(f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at _____@_____ or _____, if you have any questions.

This statement is true to the best of my knowledge and belief. By _____
Signature

Name Printed

Certification of Un-remarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an un-remarried widow or widower of a veteran who died of a service-connected disability.

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by un-remarried widow or widower:

I certify that I, _____, was married to _____,
a member of _____ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

_____ Date: _____
Signature of Widow or Widower

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ **Date:** _____

Printed name: _____

Address: _____

**Certification of Current Member of
Reserve Component of the United States Armed Forces
Or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

I certify that _____ is a current member of _____ (branch) **Reserve Component of the United States Armed Forces or The Florida National Guard** (circle one) and is in "Honorable" standing as of this date.

Signature of Immediate Military Supervisor

Date: _____

Supervisor's Printed Name and Rank

Military Supervisor's Telephone Number

To be completed by APPLICANT:

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably. In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1.

I certify that I am a Current member of _____, honorably serving, that I intend to continue my military service, and that the following information is accurate:

Address: _____

Home/mobile telephone(s): _____

By: _____
Signature of Current Member

Date: _____

Printed Name

Please read Carefully Before Signing
APPLICANT'S CERTIFICATION AND AGREEMENT

I UNDERSTAND and agree that, except as specifically prohibited by state law or County ordinance or regulation, all Washington County Clerk of the Circuit Court ("Clerk's Office") policies and procedures may be modified, amended or deleted by the Clerk at its option; that the policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the Clerk at any time with or without cause.

I CERTIFY that all information given on this employment application, related employment papers and all interviews is true, complete and correct. I understand that the Clerk's Office may conduct a thorough investigation of my character, reputation, past employment, medical history and verification of the information I provided on the employment application, résumé, related application materials and verbally to Clerk's Office personnel. I authorize the giving and receiving of any such information requested by the Clerk's Office (including financial and credit records). **In the event the Clerk's Office engages a third-party to perform pre-employment screening and provide a consumer report pertaining to the applicant, the Clerk will abide by all disclosure, authorization and notice requirements contained in the Fair Credit Reporting Act.** I hereby relieve and release all former employers and their agents of any liability arising out of or resulting from the release, authorized or unauthorized, of information to or in connection with the Clerk's Office's handling processing, investigation, etc., of my application for employment with the Clerk's Office.

I AGREE that if the Clerk's Office employs me, a future potential employer may contact the Clerk's Office concerning my work record and my work performance at the Clerk's Office. I hereby consent to and authorize persons employed by the Clerk's Office to divulge any and all information they consider relevant to any persons representing themselves to be an employer or potential employer of mine with respect to my record and/or performance of my job at the Clerk's Office. I understand that all information provided herein is public record and is subject to review upon request.

I AGREE to submit to pre-employment testing to determine the presence or absence of alcohol or unlawful drugs in my body under any policies the Clerk's Office has in effect on the subject at the time testing is required.

I AGREE to a post-offer, pre-employment fitness-for-duty test, if requested, to determine if I can perform the essential functions of my position. I understand that failure to meet any job-related medical and/or health requirements for the position may prevent employment by the Clerk's Office. I understand if given a conditional offer of employment, I may be required to complete a post job offer medical questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

I UNDERSTAND that all employees who do not have a written employment contract are employed at the will of the Clerk's Office and that all offers of employment are contingent upon successful completion of all background investigations; which may include, but are not limited to, employer and non-employer references, criminal record history, driver's license check, pre-employment drug testing, a medical history questionnaire and/or medical examination, and education and/or professional certification verification. I understand that falsification of any

information so given or other derogatory information discovered during this investigation may result in removal of the application for consideration, or if hired, immediate termination of employment.

I UNDERSTAND that the Clerk's Office will not tolerate sexual or other forms of unlawful harassment. I understand that I have the affirmative obligation to report any unlawful harassment I experience or witness. I also understand unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I AGREE that, should I become an employee of the Clerk's Office, upon termination of employment, I shall return all Clerk's Office property.

I AGREE to all if the above provisions.

Applicant Name (Please Print): _____

Signature: _____

Date: _____

PERMISSION TO RELEASE INFORMATION

I, _____ do hereby authorize _____,
(Name of Applicant) (Name of College/University)

to provide a copy of all of its records concerning my education to the Washington County Clerk of Circuit Court's office.

I hereby release _____, its employees, agents, directors,
(Name of College, University)

shareholders and related entities from any and all claims I may have arising out of the furnishing of such information.

Applicant Signature

Printed Name of Applicant

Date

WASHINGTON COUNTY CLERK OF CIRCUIT COURT

RELEASE OF BACKGROUND INFORMATION

In accordance with applicable state laws, you are hereby notified that the Washington County Clerk of Circuit Court will request that a criminal background check/motor vehicle report be prepared for the purpose of evaluating your application. You are further notified that said checks may, from time to time, be conducted for the purpose of evaluating your employment, promotion, reassignment or retention as an employee.

I hereby authorize the Washington County Clerk of Circuit Court and/or its agent to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public or private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment. I further understand that the results received may bar me from certain positions with the Clerk of Circuit Court.

I release the Washington County Clerk of Circuit Court and /or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all the above referenced sources. I understand this Authorization is to be part of the written employment application which I sign.

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

*Date of Birth: ___ / ___ / ___ DL#: _____ State: _____

Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

BACKGROUND CHECK DONE ON: _____

BY: _____

RESULTS: _____

***NOTE:** The above information is required for identification purposes only, with the intended use and purpose of conducting pre-employment background checks. The Washington County Clerk of Circuit Court is an Equal Opportunity Employer and does not discriminate on a basis of race, color, gender, pregnancy, marital status, religion, citizenship, national origin, age, disability, political opinions or affiliations, armed forces status, or any other legally protected status.



**WASHINGTON COUNTY
CLERK OF CIRCUIT COURT**

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING
BACKGROUND CONSUMER REPORTS**

Important: Please read carefully before signing.

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company.** These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities may be requested.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation and other characteristics that is expected to be used for employment purposes. Investigative consumer reports include similar information as consumer reports, which is obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

The name, address and telephone number of the Company preparing the report is:

Their privacy Policy can be reviewed at _____.

Please be advised that you have the right to request information from the Washington County Clerk of Court about the nature and scope of any investigative consumer report on you that is requested. The request must be made in writing and within a reasonable period of time after you have received this disclosure. You also have a right to inspect the files that the Consumer Reporting Agency may have on you during normal business hours and upon you furnishing proper identification.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.



AUTHORIZATION

By signing below, you hereby acknowledge that you have received the above Disclosures under the Fair Credit Reporting Act and this authorization. You certify that you understand the documents you have received.

You hereby authorize without reservation, any party or agency contacted by the Washington County Clerk of Court to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, or other persons or agencies having knowledge about you to furnish _____ with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated by the Washington County Clerk of Court.

You hereby certify that the information provided on this authorization is true and correct.

Name (please print):

Current Address:

City: _____ State: _____ Zip: _____

Former Address:

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: ___ / ___ /

DL#: _____ State: _____

Signature: _____ Date: _____

