The Clerk of the Circuit Court & Comptroller Flagler County, Florida **Employment Application**

A separate application must be submitted for each job for which you apply. Copies are acceptable.



If yes, explain:

		POSITION APPLIED FOR (MUST BE COMPLETED)			
ORCUT COURT & CO.		Date of Application: Job Title: Date you are available for employment: Where did you learn of this vacancy?			
INSTRUCTIONS					
 Complete this application in its entirety. Type or print in black or blue ink. (Note: A separate application must be submitted) 	Your Na	ıme			
 for each vacancy. Photocopies are acceptable.) Submit your application in-person or mail to: Clerk of the Circuit Court & Comptroller 	Your Ho	ome Address			
Kim C. Hammond Justice Center, 2 nd Floor 1769 East Moody Blvd, Building 1 Bunnell, FL 32110 – (386) 313-4445	City	County State Zip Code			
 Submit your application by email to: kmaxwell@flaglerclerk.com 	Your Mailing Address (if different from above)				
 Submit your application by facsimile to: (386) 437-1091 Sign your name in the Certification Section on 	Home Phone Work, Business, or Cell Phone				
page 10. All information you submit is subject to verification.	Email Address				
CITIZENSHIP / AUTHORIZATION TO WORD The Clerk of the Circuit Court & Comptroller, hereinafter of workers. If a conditional offer of employment is made, you authorization to work in the United States. Are you a U.S. citizen or are you legally authorization.	Clerk, hires ou will be r	required to provide identification and proof of citizenship or			
Have you ever been dismissed or forced to resign fr	om any e	mployment? Yes No			
If yes, please explain:	Г	No. □ No. If we give detect			
Have you filed an application here before					
Have you ever been employed here before		Yes No If yes , give dates:			
Are you on a layoff? ☐ Yes ☐ No	_	u subject to recall?			
Are there any hours, shifts, or days you will not wor	k? 🗆	Yes No			
If yes, explain:		Will you work overtime, if asked? ☐ Yes ☐ No			

Are you now employed? $\ \square$ Ye	s 🗆 No	May we	contact your prese	ent employer? 🔲 Yes	□ No
Previous employer? Yes	□ No				
Please identity any exceptions and	reasons for not co	ntacting p	evious employers:		
FRIENDS OR RELATIVES IN	THE CLERK'S E	MPLOY	ИENT		
To your knowledge, do you have a	ny friends or relati	ives workin	g for the Clerk's Of	fice?	
☐ Yes ☐ No					
If yes, name(s):	Relationship	o(s):		Dept(s) where employed	:
	(continue list		sheet, if necessary)		
EDUCATION					
Indicate Highest Grade Completed					
Grade School (1-8) ☐ High S	<u>chool (</u> 9-12)	GED □	College (1-4)	Graduate School (1-4	<u>)</u> 🗆
Name:			Location:		
Received: Diploma Ce	ertificate of Comple	etion \square	GED None	, highest grade completed	d: _
Your name, if different while atte	nding school:				
NAME OF COLLOCA	LOCATIO	211	# OF CREDIT	MAJOR/MINOR	TYPE OF
NAME OF SCHOOL	LOCATIO	JN	HOURS EARNEI	COLIRSE OF STUDY	DEGREE
			QTR SEM		FARNED
Your name, if different while	attending school:				

OTHER TRAINING OR COURSE \	NORK: (VOCATIONAL, TRADE, G	GOVERNI	/IENTAL,	BUSINESS, ARMED FO	RCES, ETC.)
		# OF C		_	TYPE OF
NAME OF SCHOOL	LOCATION	HOURS EARNED		MAJOR/MINOR	DEGREE/
	LOCATION	QTR	SEM	COURSE OF STUDY	CERTIFICATE
					EARNED
Your name, if different whil	e attending school:				
KNOWLEDGE / SKILLS / AB	HITIEC (VCAs)				
KNOWLEDGE / SKILLS / AB	ILITIES (KSAS)				
List KCAs and for contifications you	naccass and baliava valavant to	tha nasiti	00.000.00	and such as anarating	hoove
List KSAs and/or certifications you equipment, computer skills, fluenc	·	the position	on you so	eek, such as operating	neavy
equipment, computer skills, nuenc	y in language(s) etc.				
CRIMINAL HISTORY INFOR	MATION				
SCREENING WILL BE CONDUCTED (
ACCURATELY AND COMPLETELY RE		, YOU WI	LL BE ELI	MINATED FROM FURT	HER
CONSIDERATION FOR THE VACANO	CY.				
If you are not sure or do not remen				the appropriate county	, state, or
federal agency so that you can rep	ort accurate information on you	r criminal	history.		
Answering "yes" to any question(s) will not automatically bar you f	rom emp	loyment	. The nature, job-relate	edness,
severity and date of the offense(s)	in relation to the duties of the p	osition fo	r which	you are applying are co	nsidered.
	5 6 1 6 1 1	2	ь,		
1. Have you ever been convicted o	f a felony or a first-degree misde	meanor?		∕es □ No	
2. Have you ever had the adjudicat	ion of guilt withheld or plead no	lo conten	dre for a	felony or a first-degre	e
misdemeanor? \square Yes \square] No				
illisucification: Li les L	1 110				

If you a	nswered	-	e of the	above q	uestio	ns and have a c	conviction	-	_			ıse
Charge		llowing in	formatio	on regard	ling ea	ech and every fo		or first degr	ee misdemea		or:	
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				Coi	ntinue	list on another	sheet if ne	ecessary.				
FMDI (OYMEN	ЛТ										
THIS SE	CTION M	UST BE C	OMPLET	ED REGA	RDLES	SS OF WHETHE	R OR NOT	A RESUME I	S ATTACHED.			
time yo	u change	d jobs or	your tit	le change	d sho	nployment, list i uld be listed as c duties beginn	a separate	e period. Be	sure to desci			
Attach a	additiona	ıl sheets i	f necess	ary.								
EMPLO	YER 1											
Employe	er:				Addı	ress:						
Your Of	ficial Title	e:				Supervisor's Name & Title: Phone Number					umber:	
Fro	 om	To		Total Mo	onths	If part time,		Beginn	ing Salary		Ending	g Salary
Month	Year	Month	Year			number of hours per weel	k:	\$	Per	Ş	<u> </u>	Per
Reason	l for leavii	l <u> </u>										
Describ	e your du	uties in de	etail:									

EMPLOY	ER 2											
Employer:			Addr	ess:								
Your Official Title:				Supervisor's Name & Title:					Phone Number:			
Fro	m	Т	0	Total Months		If part time,	Ве	eginning	Salary	Ending Salary		
Month	Year	Month	Year			number of hours per week:	\$		Per	\$		Per
Reason f	for leavi	ng:				<u> </u>						
Describe	your du	uties in d	etail:									
Employe					Addr	.622.						
Linploye					/ taai	C33.						
Your Off	icial Title	e:				Supervisor's Name & Title: Phone Number:					ımber:	
		T		Г								
From Month	m Year	T Month	o Year	Total Mo	onths	If part time, number of		eginning I I	Salary Per	\$	Ending	Salary Per
			Teal			hours per week:	\$			Ş		Per
Reason f	for leavi	ng:										
Describe	your du	uties in d	etail:									

	/ER 4									
Employer: Addre			ess:							
Your Official Title:		Supervisor's Name & Tit	Phone N	Phone Number:						
		•								
Fro		To		Total Mo	onths	If part time, number of	Beginning Salary			g Salary
Month	Year	Month	Year			hours per week:	\$	Per	\$	Per
Reason	for leavii	ng:								
Describe	e your du	uties in de	etail:							
ENADIO.	<i></i>									
EMPLO)					Addr	ence:				
Employe					Addr	ress:				
	er:	e:			Addr	ess: Supervisor's Name & Tit	le:		Phone N	umber:
Employe Your Off	er: ficial Title	T				Supervisor's Name & Tit	l			
Your Off	er: ficial Title	T		Total Mo		Supervisor's Name & Tit If part time, number of	Beginn	ing Salary Per	Endin	g Salary
Your Off Fro Month	er: ficial Title om Year	To Month	o Year	Total Mo		Supervisor's Name & Tit If part time,	l	ing Salary Per		
Your Off	er: ficial Title om Year	To Month		Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month	er: ficial Title om Year	To Month		Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month Reason	er: ficial Title om Year for leavii	To Month	Year	Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month Reason	er: ficial Title om Year for leavii	Month ng:	Year	Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month Reason	er: ficial Title om Year for leavii	Month ng:	Year	Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month Reason	er: ficial Title om Year for leavii	Month ng:	Year	Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary
Your Off Fro Month Reason	er: ficial Title om Year for leavii	Month ng:	Year	Total Mo		Supervisor's Name & Tit If part time, number of	Beginn		Endin	g Salary

Why do you feel you are qualified for this position?	
EXEMPTION FROM PUBLIC RECORDS DISCLOSURE	
Are you a current or former law enforcement officer, other covered employee* or the spouse or child of one, who is exempt from public records disclosure under §119.07, F	lorida Statutes?
☐ Yes ☐ No	
*Other covered jobs include correctional and correctional probation officers, firefighters, certain judge state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or loca responsibilities include revenue collection and enforcement or child support enforcement and certain in Department of Children and Families; human resources, labor relations, or employee relations director managers, or assistant managers and their spouses & children; code enforcement officers and their spouses §119.07, F.S.)	l governments whose investigators in the rs, assistant directors,
VETERANS' PREFERENCE CLAIM	
VETERANS PREFERENCE CLAIM	
I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of qualify under the following category: (Check one)	the Florida Statutes. I
☐ A Veteran with an existing compensable service-connected disability who is eligible for o disability retirement or pension under public laws administered by the DVA and the Department of th	artment of Defense.
The spouse of a Veteran who cannot qualify for employment because of a total and pern disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostil interned in line of duty by a foreign government or power.	
A Veteran of any war who has served at least one day on active duty during a wartime p (14) (described below), excluding active duty for training, and who was discharged under the Armed Forces of the United States of America or who has been awarded a campaign	er honorable conditions from
☐ The unremarried widow or widower of a Veteran who died of a service-connected disabil☐ The mother, father, legal guardian, or unremarried widow or widower of a service member.	ity. er who died as a result of
military service under combat-related conditions as verified by the United States Departm A Veteran as defined by FSS 1.01(14), meaning a person who served in the active militar who was discharged or released under honorable conditions only or who later received a under honorable conditions, notwithstanding any action by the United States Department individuals discharged or released with other than honorable discharges.	ry, naval, or air service and an upgraded discharge t of Veterans Affairs on
□ A current member of any reserve component of the United States Armed Forces or The	Tonda National Gualu.

Wartime Periods:	
World War II: December 7, 1941 to December 31, 1946	Persian Gulf War: August 2, 1990 to January 2, 1992
Korean Conflict: June 27, 1950 to January 31, 1955	Operation Enduring Freedom: October 7, 2001 to TBD
Vietnam Era: February 28, 1961 to May 7, 1975	Operation Iraqi Freedom: March 19, 2003 to TBD
	Operation New Dawn: September 1, 2010 to TBD
Character of Discharge: (Check one)	
│ □ Honorable □ General □ Dishonorable □ Other (expla	ain)
Tollorable Deficial Distributable Defici (expire	<u> </u>
Documents that must be submitted at time of application in of Veterans, disabled Veterans, spouses of disabled Veterans and family me status, dates of service and Character of Discharge. Disabled Veterans	nembers shall furnish a DD-214 or equivalent certification listing military shall also furnish a document from the Department of Defense, the
DVA, or the Florida Department of Veterans' Affairs certifying that the Ve	eteran has a service-connected disability.
Spouses of disabled Veterans shall also furnish either a certification fron permanently disabled or an identification card issued by the Department statement that the spouse is still married to the Veteran at the time of the disabled Veteran cannot qualify for employment because of the serv	; spouses shall also furnish evidence of marriage to the Veteran and a e application for employment; the spouse shall also submit proof that
Spouses of persons on active duty shall furnish a document from the De duty is listed as missing in action, captured in line of duty, or forcibly deta spouses shall also furnish evidence of marriage and a statement that the application for employment.	ained or interned in line of duty by a foreign government or power; such
The mother, father, legal guardian, or unremarried widow or widower of Defense showing the death of service member while on duty status unde connected death of the Veteran, and shall further furnish evidence of macourt documents establishing the legal authority for the Guardian.	er combat-related conditions or the DVA certifying the service-
Current reserve and National Guard members provide a letter from their	Commanding Officer stating the dates of their military service.
An applicant eligible for Veteran's Preference who believes he or sh	
Florida law may file a complaint requesting an investigation with th 311-K, Largo, Florida, 33778. A complaint must be filed within 21 ca	
	te the annlication is filed with the employer. If no notice is given it

is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

REFERENCES Please list three professional references.	
REFERENCE 1	
Full Name:	_Relationship:
Company:	_Phone:
Email:	
REFERENCE 2	
Full Name:	_Relationship:
Company:	_Phone:
Email:	
REFERENCE 3	
Full Name:	Relationship:
Company:	Phone:
Email:	

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information and release this employer from any liability as a result of such contact about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Clerk government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for the Clerk employment are public records except as noted on page 7. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill an open safety or security sensitive position, prior to appointment I may be required to successfully pass a pre-employment drug test.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that any employment with the Employer is for no term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer Policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the "at-will" employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Clerk, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

This application will remain active for up to six (6) months. Any applicant wishing to be considered for employment beyond six (6) months should reapply.

months should reapply.	
SIGNATURE:	DATE:
This Employer is an equal employment opportunity employer, and making employment decisions without regard to race, color, age, see assure you that your opportunity for employment with this Employer	x, religion, national origin, handicap or marital status. We