



## Alachua County Clerk of Circuit Court

201 E University Avenue  
Gainesville FL 32601  
(352) 491-4423 or (352) 338-3201 fax

*J. K. "Jess" Irby, Esq.*  
*Clerk of Courts*

### SUBMITTING YOUR APPLICATION

Applications for employment with the Clerk of the Courts office are accepted during regular business hours. All applications are kept on file for six (6) months and are reviewed for all vacant positions for which an applicant is qualified. All information provided on the application is subject to verification. Applications are retained for two years. If you need assistance completing this application, please contact our HR department at 352-491-4423.

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 HR department. Failure to include copies of required documents will remove your application from consideration for any vacant position for which you may otherwise qualify.

### PROCESSING YOUR APPLICATION

All applications 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.

### VETERANS' PREFERENCE

In accordance with Chapter 295 of the Florida Statutes, the Clerk's office gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria. Such preference will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by the Clerk's office. If claiming Veterans' Preference, complete the Veterans' Preference Section.

### PROOF OF CITIZENSHIP AND EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act require that all employees submit proof of citizenship and 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. Only U. S. citizens and lawfully authorized aliens are considered for employment.

### RELEASE OF BACKGROUND INFORMATION

In accordance with state and federal laws, applicants are hereby notified a criminal background check will be prepared for the purpose of evaluating the application for employment, and possibly during employment as needed for promotion, reassignment or retention.

Applicants authorize the Clerk's Office to investigate their background, references, past employment, education, and criminal records, including those maintained by both public or private organizations and all public records for the purpose of confirming information contained on the application. Results received from background checks may bar an applicant from certain positions with the Clerk's Office.

*We consider applicants for all positions without regard to race, color, gender, religion, creed, national origin, disability, veteran status, sexual orientation, or any other legally protected status. Information requested on this application is required by law and/or by Clerk's Office personnel rules and regulations and is necessary to be evaluated for employment. In accordance with the Americans with Disabilities Act we provide reasonable accommodation upon request.*

Human Resources (HR) Office: (352) 491-4423  
Application online at Website: [www.alachuaclerk.org](http://www.alachuaclerk.org)  
An Equal Opportunity Employer M F V H  
TDD (904) 491-4497  
[caj@alachuaclerk.org](mailto:caj@alachuaclerk.org) – submit application/questions

## INSTRUCTIONS

NOTICE: Application must be printed legibly. All questions must be answered; if a question is not applicable, indicate with 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 at this application, and label answers to correspond with questions. Please be specific when completing 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.

### APPLICATION FOR EMPLOYMENT PLEASE PRINT

<b>FULL NAME</b> * If you have only initials in your name, use them. * If you have no middle name, enter "NMN"			
Last	First	Middle	Suffix
<b>OTHER</b> *Give other names you used and the period of time you used them, for example: maiden name, names(s) by a former marriage, former name(s), alias(es), or nickname(s)			
Name	Month/Year From	Month/Year To	
<b>ADDRESS (street, city, state, zip)</b>			
<b>MAILING ADDRESS (if different)</b>			
<b>SOCIAL SECURITY #</b>		<b>PHONE</b> (Home)	(Work) (Cell)
<b>DRIVERS LICENSE #</b>		<b>EMAIL:</b>	<b>DATE AVAILABLE</b>
<b>POSITION APPLIED FOR:</b>			
Typing Speed		Computer Experience	
How long have you resided in Alachua County?		How long have you lived in Florida?	
Have you ever been employed by the Clerk's Office?		If yes, please list dates:	
Are you related to any County or Clerk officials or employees?		If yes, please list name, department and relationship:	
Are you a U.S. citizen?		If not, do you have the necessary resident alien work permits for employment?	
Do you claim Veterans' Preference? If yes, you must complete the Veteran's Preference portion of this application and submit the required documentation.			
Have you ever been convicted of anything other than a minor traffic violation? If yes, list charge & disposition, date, and place. (Note: Answering "yes" may not disqualify applicant for employment as each item is evaluated in relation to the open position).			
Have you ever been arrested, placed on probation, had adjudication withheld, or entered a PTI program? If yes, list details.			

## EMPLOYMENT RECORD

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.**

May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No (Note: Past employers may be contacted to verify your work history.)

<p><b>Name of Employer:</b> _____ Business Phone ( ) _____</p> <p>Address: _____ (Street Address) (City) (County) (State) (Zip)</p> <p>Job Title: _____ Dates of Employment: _____</p> <p>Supervisor's Name and Title _____</p> <p>Hours of work/week: _____ Salary Beginning: _____ Ending: _____</p> <p>Description of Job Duties: _____ _____</p> <p>Reason for leaving: _____</p>
<p><b>Name of Employer:</b> _____ Business Phone ( ) _____</p> <p>Address: _____ (Street Address) (City) (County) (State) (Zip)</p> <p>Job Title: _____ Dates of Employment: _____</p> <p>Supervisor's Name and Title _____</p> <p>Hours of work/week: _____ Salary Beginning: _____ Ending: _____</p> <p>Description of Job Duties: _____ _____</p> <p>Reason for leaving: _____</p>
<p><b>Name of Employer:</b> _____ Business Phone ( ) _____</p> <p>Address: _____ (Street Address) (City) (County) (State) (Zip)</p> <p>Job Title: _____ Dates of Employment: _____</p> <p>Supervisor's Name and Title _____</p> <p>Hours of work/week: _____ Salary Beginning: _____ Ending: _____</p> <p>Description of Job Duties: _____ _____</p> <p>Reason for leaving: _____</p>
<p><b>Name of Employer:</b> _____ Business Phone ( ) _____</p> <p>Address: _____ (Street Address) (City) (County) (State) (Zip)</p> <p>Job Title: _____ Dates of Employment: _____</p> <p>Supervisor's Name and Title _____</p> <p>Hours of work/week: _____ Salary Beginning: _____ Ending: _____</p> <p>Description of Job Duties: _____ _____</p> <p>Reason for leaving: _____</p>

Did you work for any of these employers under a different name? If so, please state name and employer: \_\_\_\_\_

**EDUCATION AND TRAINING**

Type of School	Name of School	Location (City and State)	Circle Last Year Completed	Course of Study or Degree Earned	Graduated (Y/N)  Date of Graduation
Grade			1 2 3 4 5 6 7 8		
High School			9 10 11 12		Yes__No__ GED____ Date:_____
College			1 2 3 4		Yes__No__ Date:_____
Post Graduate					Yes__No__ Date:_____
Technical/ Vocational/ Military School					Yes__No__ Date:_____

**REFERENCES**

(List three (3) professional references)

Name	Occupation	Address	Phone	Years Known

**PROFESSIONAL REGISTRATION, LICENSES OR CERTIFICATION**

Type \_\_\_\_\_ Number \_\_\_\_\_ Authorizing Board \_\_\_\_\_

License # \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

Commercial Driver's License: Yes\_\_\_\_ No\_\_\_\_. Special Skills (include skills with office equipment/ customer service/ bookkeeping/ computer skills, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN YOUR OWN WORDS, EXPLAIN HOW YOU QUALIFY FOR THE POSITION. BE SPECIFIC**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_ Minimum Salary Required: \_\_\_\_\_

# VETERANS' PREFERENCE CERTIFICATION

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), F.S. Section 295.09, F.S., also provides Veterans' Preference for reinstatement, reemployment, and promotion. Such preferences will be granted, provided the applicant has demonstrated eligibility and has met any other employment criteria as required by the Clerk's Office. Any applicant claiming veterans' preference for a vacant position, who is not selected for the position, may file a complaint with the Division of Veterans Affairs: P.O. Box 1437, St. Petersburg, Florida 33731. Complaints must be filed within twenty-one (21) days of receiving the hiring decision.

**DO YOU WISH TO CLAIM VETERANS' PREFERENCE? Yes\_\_\_\_\_ No\_\_\_\_\_.** If yes, you must attach required proof (i.e. **DD214**) - All required documentation must be received prior to the closing date of the vacant position. Upon request, applicant may be required to show original documentation.

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

- (A) A disabled veteran:
  - 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
  - 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, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in 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 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
  
- (D) The unremarried widow or widower of a veteran who died of a service-connected disability.
  
- (E) The mother, father, legal guardian, or unremarried 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 VPS, signed by your immediate military supervisor to document current status.

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

---

--	--	--

Please submit this certification with employment application, or as soon as possible, prior to the closing date of the position. In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Personnel Office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact HR at [clerk@alachuaclerk.org](mailto:clerk@alachuaclerk.org) attention HR; or call 352-491-4423, if you have any questions.

**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 State 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

\_\_\_\_\_  
Supervisor's Telephone Number

**To be complete by APPLICANT:**

Section 295.07(1)(g), F. S., 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 and retention, this form documenting my current service must be returned to the HR office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**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/cell phone number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## **Certification of Unremarried Widow or Widower**

Section 295.07(1)(d), F. S., provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a service connected disability and

Section 295.07(1)(e), F. S., provides Veterans' Preference in appointment and retention for an unremarried 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 HR office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete this application packet.

### **To be completed by Unremarried 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.

\_\_\_\_\_  
**Signature of Widow/Widower**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home/cell phone number(s)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name and Address of Witness

***Applicant's Certification and Agreement:***

***I understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that withholding information or making false statements on this application will be the basis for non-employment or dismissal from the Clerk of the Courts Office. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete.***

***I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous or current employment, education, or any other information they might have, personal or otherwise, and release all such parties from all liability for any damage that may result from furnishing such information to you.***

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

***I understand that all employees who do not have a written employment contract are employed at the will of the Clerk and may be released from employment at any time with or without cause. Upon such termination, I shall return all Clerk of Court property to the HR department.***

***I understand that the Clerk's Office will not tolerate any form of unlawful harassment or discrimination. I understand that I have the affirmative obligation to report such activity, and understand that unlawful harassment or discrimination is grounds for disciplinary action up to and including immediate dismissal.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Equal Employment Opportunity Reporting and Research**

The information requested on this form regarding race and sex is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as to meet the reporting requirements of those laws. Your cooperation in voluntarily giving the information is important to the success of our Equal Employment Opportunity Programs. The following information will be kept separate from your application and will not be used in the hiring or interviewing process and will be available only to authorized personnel for research and reporting purposes. Refusing to provide this information will not subject application to adverse treatment.

Gender:                    Male \_\_\_\_\_    Female \_\_\_\_\_    I do not wish to self-identify \_\_\_\_\_

Race/Ethnicity:        White \_\_\_\_\_    Black or African American \_\_\_\_\_    Hispanic or Latino \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_    American Indian or Alaskan Native \_\_\_\_\_  
Other \_\_\_\_\_ if Other, please Specify \_\_\_\_\_

Hispanic \_\_\_\_\_            Non-Hispanic \_\_\_\_\_

\*\*\*\*\*