

# **Alachua County Clerk of Circuit Court**

201 East University Avenue Gainesville, Florida 32601 (352) 491-4423 or (352) 338-3201 fax hr@alachuaclerk.org J. K. "Jess" Irby, Esq.
Clerk of Courts

#### SUBMITTING YOUR APPLICATION

This employment application must be filled out accurately and completely. All questions must be answered. If space provided is insufficient for complete answers or you wish to furnish additional information, you may attach separate sheets of paper. Applications for employment with the Clerk of the Courts office are accepted during regular business hours. If you need assistance completing this application, please contact our HR department at 352-491-4423. Applications may be submitted by one of the following means:

In person: 201 E. University Avenue, Room 110, Gainesville, Florida 32601

By mail: Clerk of Court, Attn: Human Resources, 201 E. University Ave, Room 110, Gainesville, Florida 32601

By email: hr@alachuaclerk.org

Via the webpage: www.alachuaclerk.org

By fax: (352) 338-3201

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. 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 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. 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 requires 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.

## **EQUAL OPPORTUNITY EMPLOYER**

The Clerk of the Circuit Court and Comptroller (the "Clerk") does not discriminate on the basis of race, color, sex, age, disability, religion, national origin, marriage, genetic information, or any other protected characteristic as established be federal, state, or local law. Employment decisions will be based solely on job-related criteria. Personnel hired and promoted will be selected from all applicants on the bases of qualifications believed to be essential for an employee to perform well. These include such factors as ability, attitude, availability, capability, aptitude, experience, education, and a willingness to work. In accordance with the Americans with Disabilities Act, we provide reasonable accommodation upon request.

#### APPLICATION FOR EMPLOYMENT

## **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.

#### **POSITION**

Position Applied For:		
	PERSONAL INFORMATIO	N
Name: (Last, First, MI, Suffix):		
Please list all other names by which you example: maiden name, names(s) by a for		•
Best Contact Method (Please check one)	: Phone Emai	I
Email Address	Home Phone Number	Alternate Phone Number
Mailing Address	City	State, Zip
Typing Speed:	Computer Experience:	
How long have you resided in Alachua Co	ounty?How	long have you lived in Florida?
Do you have a valid driver's license?	YES NO	
Have you ever been employed by the Cle	erk of Court of Alachua Count	y? YES NO
If yes, please list dates:		
Are you related to any County or Clerk o	fficials or employees? YES _	NO
If yes, please list name, department	and relationship:	
Are you a U.S. citizen? YES	NO	
If not, do you have the necessary res	sident alien work permits for e	employment? YES NO
Do you claim Veterans Preference?	YES NO	
If yes, you must complete the Ve	eterans' Preference portion of	this application and submit the

If yes, you must complete the Veterans' Preference portion of this application and submit the required documentation.

# **BACKGROUND INFORMATION**

Have you ever been convicted of anything other than a minor traffic violation? YES NO					
If yes, list charge and disposition, date, and place:					
Have you ever been placed on probation, had adjudication withheld, or entered a PTI program?					
YES NO					
If yes, list details:					
Are any criminal charges currently pending against you? YES NO					
Have you ever been a defendant in a civil action suit for intentional tort such as battery or assault?					
YES NO					
Have you ever been discharged or resigned from a position for fraud; dishonesty; money discrepancies; workplace violence; unauthorized disclosure of confidential, privileged, or protected information, or a similar offense?					
YES NO					
Have you received any disciplinary actions from any employer within the past 12 months?					
YES NO					
If yes, please explain circumstances					
Starting with your current or last job, discuss all periods of employment, including self-employment, military serv and volunteer work. Be specific and give as much information as possible in describing your duties. Please account for all periods of unemployment. Use additional sheets, if necessary. <b>NOTE: A resume of your employment recommittees</b> will not be accepted in lieu of the requested information, although you may include a resume as a supplement the application.					
May we contact your current employer? YES NO Past employers may be contacted to verify your wo history.					
Employer: Business Phone ()					
Address:					
Job Title: Dates Employed:					
Supervisor's Name/Title:					
Hours of work/week: Salary Beginning: Ending:					
Did you supervise employees: YES NO					
Description of Job Duties:					
Reason for leaving:					

Employer:		Business Phone ()	
Address:			
Job Title:	Dates Emplo	yed:	
Supervisor's Name/Title: _			
Hours of work/week:	Salary Beginning:	Ending:	
Did you supervise employe	es: YES NO		
Description of Job Duties: _			
Reason for leaving:			
<u> </u>			
Employer:		Business Phone ()	
		yed:	
Supervisor's Name/Title: _			
Hours of work/week:	Salary Beginning:	Ending:	
Did you supervise employe	es: YES NO		
Description of Job Duties: _			
Reason for leaving:			
Did you work for any of thes	se employers under a differer	it name? If so, please state name and emplo	yer:
•		•	-

If you have additional employer information that you would like to provide, you may attach a separate sheet of paper with this information.

#### **EDUCATION AND TRAINING**

Type of School	Name of Scho		Locati	<u> </u>	Course of Study	Graduated Degree Earne A.S., B.A., B.S.	(Y/N) d (Ex. A.A
College		-	(			YesNo_	
Postgraduate Postgraduate						Pegree Earned  Yes No	
Technical/ Vocational/ Military School						Pegree Earned:  Yes No Degree Earned:	
		(List thr		FERENCES rofessional refer	ences)	•	
Name		Occupation	(-,  -	Email		Phone	Years Knowi
							<u> </u>
	PROF	ESSIONAL REG	ISTRATI	ON, LICENSES,	OR CERTIFICATION		
Туре	_ Number	Authoriz	ing Boa	rd			
icense #	C	lass End	orseme	nts	Expiratio	n Date	
					de skills with office e		mer
ervice/ bookk	keeping/ compu	ter skills, etc.): <sub>-</sub>					
IN	YOUR OWN W	ORDS, EXPLAIN	I HOW	YOU QUALIFY	FOR THE POSITION. I	BE SPECIFIC	
IN	YOUR OWN W	ORDS, EXPLAIN	NOM	YOU QUALIFY	FOR THE POSITION. E	BE SPECIFIC	
IN	YOUR OWN W	ORDS, EXPLAIN	I HOW	YOU QUALIFY	FOR THE POSITION. E	BE SPECIFIC	
IN	YOUR OWN W	ORDS, EXPLAIN	ı HOW	YOU QUALIFY	FOR THE POSITION. E	BE SPECIFIC	

#### **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.

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DD214	<b>) -</b> All	req	O CLAIM VETERANS' PREFERENCE? Yes No If yes, you must attach required proof (i.e. uired documentation must be received prior to the closing date of the vacant position. Upon request, be required to show original documentation.
	•	l aı	m qualified to claim Veteran's Preference under the category checked below: A disabled veteran:
	(A)	0	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
		0	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.
<u> </u>	(D) (E)		The unremarried widow or widower of a veteran who died of a service-connected disability. 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 sta	atem	ent	is true to the best of my knowledge and belief.
	yped	sign	plicant Printed Name of Applicant Date nature is considered a legal signature)  Discretification with employment application, or as soon as possible, prior to the closing date of the

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 hr@alachuaclerk.org attention 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

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' Preferen any Reserve Component of the United States Armed Force	nce in appointment and retention for a Current member of ces or The Florida National Guard, serving honorably.
In order to receive Veterans' Preference in employment a must be returned to the HR office along with Veterans complete the application packet.	and retention, this form documenting my current service s' Preference Certification, FDVA form VP-1, in order to
I certify that I am a Current member ofserving, that I intend to continue my military service, an	, honorably ad that the following information is accurate:
Address:	
Home/cell phone number(s):	
*Signature of Current Member	Date
Printed Name *Your typed signature is considered a legal signature	

FDVA form VP-2

# **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 Widov	wer:
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	e date of his/her death.
*Signature of Widow/Widower	Date
Printed Name	Home/cell phone number(s)
Address:  *Your typed signature is considered a legal signature	ure
Witness	 Date
Printed Name and Address of Witness	

#### **READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

Be advised that all information supplied while making application for employment with all state, county, and municipal agencies is a Public Record under provisions of Chapter 119, Florida Statutes, and as such must be made available upon request. This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

#### 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 and 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.

#### **DRUG-FREE WORKPLACE**

In accordance with 440.102, Florida Statutes, the Clerk's Office is a drug-free workplace. The Clerk may require a drug test of the employee at any time during their employment.

#### TATTOOS, BODY ORNAMENTATION, AND JEWELRY

Any tattoo, body ornamentation, or jewelry that, in the opinion of the Clerk, detracts from the professional image of the Clerk's Office, should be covered or removed. Tattoos must contain no nudity, profanity, obscenity, or discriminatory/offensive message. Tattoos such as these are deemed inappropriate and must be covered at all times.

# **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 provide 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 if I accept an offer of employment, I will be required to abide by the Tattoos, Body Ornamentation, and Jewelry policy.

I understand that my employment with the Clerk's Office is for no specific term. Unless otherwise defined by applicable law, any employment relationship with the Clerk is of an "at will" nature, which means that I may resign at any time and the Clerk may discharge me at any time with or without cause. Upon such termination, I shall return all Clerk of Court property to the HR department. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged by the Clerk.

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.

/s/		
Signature (Your typed signature is considered a legal 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
	Hispanic Non-Hispanic
	Other, please specify