



Tara S. Green
CLERK OF THE CIRCUIT COURT
825 North Orange Avenue
P.O. Box 698
Green Cove Springs, Florida 32065
904-284-6317

Clay County Clerk of the Circuit Court Employment Application Information and Instructions

Your application will remain active for a period of one year from the date of the application. You may only renew your application by resubmitting another application form for our records. The Clay County Clerk of the Circuit Court's Office believes in promoting from within. Any open positions are advertised internally. If the position is not filled in this manner, then we pull from current applications on hand. The Clerk's office does not advertise open positions in any publication. Once your application is submitted, it and any accompanying materials become the property of the Clerk's office and a matter of public record.

Final employment rests with the Clay County Clerk of the Circuit Court; however, employment of personnel is in compliance with Federal and State laws regarding non-discrimination and preference.

The application form must be completed and returned to the Clerk's Human Resources' office before an applicant is eligible to interview for an open position. All required items must be on file prior to any consideration for interview and/or employment. You may submit a resume along with your application; however, the application itself must be completed also. Application form must be completed in all applicable areas, dated, and signed.

Criminal background check and drug screening: All employees of the Clerk's office are required to have a background check and drug screening. All employment shall remain probationary at least until these checks are cleared. Because it is necessary for all Clerk's employees be bonded, any criminal background check which reveals a finding of guilt by a court or jury, an admission of guilt or no contest in any criminal matter regardless of adjudication may result in your termination even after probationary time is completed.

Employment with the Clerk's office is a statutorily appointed position and serves at the will and pleasure of the elected Clerk of the Circuit Court.

Application for Employment

Personal Information				
Last Name	First Name	Middle Name	Date	
Street Address	City	St	Zip	Phone
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What type of Visa do you hold?				Social Sec No

Educational Information					
School	City & State	Course/Major	Dates Attended	Study/Degrees	
High School					
College					
Business/Specialty					
Other					
Scholastic Average in High School		Scholastic Average in College/ Other School			
Extracurricular Activities and/or Offices Held in High School or College. List any Special Honors/Awards:					
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Special Training/Qualifications			
Experience with Office Machines:	Experience With Other Machines:	Experience With Computer Software Programs/Networks:	Other:
Typing Speed:			Shorthand Speed:

Miscellaneous Other	
Please list any other certificates, licenses, or other information you feel may be a determining factor in your qualifications:	
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U.S. Military Service

Branch of Service	Dates of Service	Discharge Rank
Nature of Duties/Special Training		
Have You Ever Received Military Disability Pension		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Give Nature of Disability		
Type of Discharge:		Present Status:

In accordance with F.S. Chapter 295.07, this 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 Clay County Clerk's Office.

Employment History				
Company (Most Recent Employer)				May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	St	Zip	Phone
Start Date	Leaving Date	Start Pay	Leaving Pay	Reason for Leaving
Last Job Title		Supervisors Name		Supv. Title
Description of work and responsibilities				
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Company (2nd Most Recent Employer)				May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	St	Zip	Phone
Start Date	Leaving Date	Start Pay	Leaving Pay	Reason for Leaving
Last Job Title		Supervisors Name		Supv. Title
Description of work and responsibilities				
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Employment History (Continued)

Company (3rd Most Recent Employer)

May We Contact For
Reference?
 Yes No

Street Address	City	St	Zip	Phone
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Start Date	Leaving Date	Start Pay	Leaving Pay	Reason for Leaving
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Last Job Title	Supervisors Name	Supv. Title
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Description of work and responsibilities

Additional Experience/ Information

List any periods not already covered previously including part-time or self employment:

Other

In Case Of Emergency

Notify: _____ (relation) _____

Telephone No. _____ Alternate No. _____

Names of Friends/ Relatives in our Employ:

Name: _____ Location: _____

Have You Ever Worked With Any Other Clay County Agency

Yes No

If Yes, Give Details _____

Have You Had Prior Service With The Florida Retirement System

Yes No

If Yes, Give Details _____

Other (continued)

Have You Ever Been Convicted of, or Entered A Plea of Guilty, or entered a plea of nolo contendre (i.e. "no contest"), to a Felony, or First Degree Misdemeanor? Yes No

If Yes, give details, including, but not limited to: the type of crime for which you were convicted, pled guilty or pled no contest; the date of your conviction and any penalty imposed: _____

Have you ever been a defendant in a civil action for assault, battery, or intentional infliction of emotional distress? If so, describe basis for the suit against you and its ultimate disposition: _____

Are you aware of any reason why you might not be able to obtain a fiduciary bond or government security clearance if required? Yes No

If Yes, Give Details _____

Do You Have A Valid Florida Regular Driver's License
Do You Have A Valid Florida Chauffeurs Driver's License

Yes No
 Yes No

Florida Driver License Number & Expiration Date: _____

If Not Florida, Give State and Type of License _____

OPTIONAL Statistical Information

Date of Birth	Sex	Number of Dependents	Married <input type="checkbox"/> Single <input type="checkbox"/>
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It is understood and agreed that any willful misstatement made by me in this application will be sufficient cause for discharge from the Clerk's office if have been employed. It is also understood that this employment is subject to a satisfactory completion of a physical examination and/or drug screen by a Clerk designated physician/lab at the time of employment and at such time as may be required by the Clerk.

I understand and agree that if I am hired by the Clerk, my appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at will without previous notice or cause. I understand that no supervisor or other representative of the Clerk's office has the authority to enter into any agreement for appointment for any specified period of time.

Before signing, I checked this entire application for errors or omissions.

Date _____

Signature of Applicant _____

CLAY COUNTY CLERK'S OFFICE DISCLAIMER

I understand and agree that:

1. Any material misrepresentation or deliberate omission of facts in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the Clerk will make a thorough investigation of my entire work, character, reputation, medical and personal history, and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation, along with the giving and receiving of any information requested by the Clerk, and I release from liability any person who gives or receives any such information. I understand that falsification of data so given, or other derogatory information discovered as a result of this investigation, may prevent my being hired, or if hired, may subject me to immediate dismissal. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Clerk or its agents or deputies arising out of, or resulting from the release, authorized or unauthorized, or the information received pursuant to or in the connection with the Clerk's handling, processing, or investigation of my application.
3. I agree that my employment may be terminated by the Clerk at any time without liability for wages or salary except such, if any, has been earned at the date of such termination. If requested by management at any time, I agree to submit to a search of my work area and any equipment assigned to me.
4. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. I also understand there may be times when I will be expected to work in various other departments, or other offices, due to work loads being heavier in some departments at different times of the year. Also at times, I may be transferred to another department and/or office, if the need arises.
5. I understand that as a Clerk's employee, I am handling County and State revenues paid for by taxpayers of this County. Making correct change and assuring that money collected is correct is my responsibility. The Clerk's office does not pay for shortages. As a Clerk's employee and/or in accepting this job with the Clerk's office, I understand that I am responsible for covering any shortages.
6. I understand, as a Clerk's employee, that any drug and alcohol testing will be conducted in accordance with the Drug and Alcohol Testing Policy of the Clerk of the Circuit Court, Section 440.102, Florida Statutes and Chapter 38.F-9 of the Florida Administrative Code, as they may be amended from time to time pursuant to law, which establishes the policies and procedures for pre-and post-employment drug and alcohol testing.
7. I understand that if I am employed, such employment is for an indefinite period of time and the Clerk can change wages, benefits, and conditions at any time.
8. I understand that this is an application for employment and that no employment contract is being offered. I hereby acknowledge that the first six (6) months of appointment with the Clerk's office constitutes a probationary period.
9. This disclaimer shall be in effect as of the date indicated below and will supercede any prior disclaimer signed by me as part of my employment application with the Clerk of the Circuit Court.

I have read and understand the above.

Date: _____

Signature: _____

DISCLOSURE ACKNOWLEDGMENT

I understand that, if I am employed by the office of the Clay County Clerk of the Circuit Court in the future, some potential employer may contact the Clerk or his/her representatives 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 person(s) representing themselves to be an employer or potential employer of mine with respect to my work 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 according to F.S. 119.07(1).

Applicant
Print Name: _____

SS # _____

Applicant
Signature: _____

Date: _____

PRE-EMPLOYMENT DRUG TESTING INFORMED CONSENT AND RELEASE FROM LIABILITY FORM

I hereby consent to submit to urinalysis and/or other drug and alcohol tests as shall be required by the Clay County Clerk of the Circuit Court. I understand that this is a routine procedure in the selection process of applicants for employment of the Clerk's office and I have been provided access to and an opportunity to read and examine the Drug and Alcohol Testing Policy of the Clerk's office and Chapter 38-F of the Florida Administrative Code which established the policies and procedures for pre-employment drug and alcohol testing.

I agree that a properly licensed laboratory selected by the Clerk may collect these specimens and test or analyze them, in accordance with Chapter 38-F-9 of the Florida Administrative Code and the policy of the Clerk's office.

I further agree to, and hereby authorize, release of the results of said tests to the Clerk or designated personnel.

I further agree to hold harmless the Clay County Clerk of the Circuit Court and designated personnel from any liability arising in whole or in part, out of the collection of specimens, their testing and analysis, and use of the information from said testing in connection with the Clerk's consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a free and voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant
Print Name: _____

SS # _____

Applicant
Signature: _____

Date: _____



VETERANS' PREFERENCE CERTIFICATION

Date: _____

Name: _____

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), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

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 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 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 _____

Printed Name

**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

Date: _____

To be completed by APPLICANT:

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, 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/mobile telephone(s): _____

By: _____ Date: _____

Signature of Current Member

Printed name

Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, 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), Florida Statutes, 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 Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the 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 or Widower _____ Date: _____

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ Date: _____

Printed name: _____

Address: _____