

**EMPLOYMENT APPLICATION
BRADFORD COUNTY CLERK OF THE COURT
POST OFFICE DRAWER B
STARKE, FL 32091
AN EQUAL OPPORTUNITY EMPLOYER**

Print in black ink or typewrite

Answer all questions completely and accurately

PERSONAL

Last Name		First	Middle Initial	Social Security #
Other Name(s) Used				Home Telephone # ()
Address		City	State	Business or Message # ()
Position Applying For		Referred By		Salary Desired
Have you ever interviewed with this office or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by this office or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by this office or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies			<hr/>	

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicants Only:

Do you type? <input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)		

MILITARY SERVICE: Include concise statement of duties under employment record. The following is optional and is requested from persons claiming veterans' preference. A discharge under honorable conditions is required by Chapter 295 Florida Statutes for awarding of Veterans Preference. The earned ratings Form DD214 is required for verification purposes. In addition, if claiming veterans' disability preference, proof of current disability rating is also required.

Date Entered _____ Date Separated _____ Type of Discharge _____

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A “yes” response does not automatically disqualify your application.)

Date you are available for employment _____

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Clerk’s Office, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Clerk’s Office to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Clerk’s Office and will hold the Clerk’s Office and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Clerk’s Office to obtain any credit, criminal background or consumer checks and to obtain a transcript of my driving record.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Drivers’ License Info.

State _____

No. _____