

HIGHLANDS COUNTY CLERK OF COURTS  
**APPLICATION FOR AT-WILL EMPLOYMENT**

590 SOUTH COMMERCE AVENUE, SEBRING, FLORIDA 33871-1926 ♦ FAX (863) 402-6828 ♦ PHONE (863) 402-6827

We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related medical condition or disability, or any other legally protected status. The information requested on this application is required by law and/or by the Highlands County Clerk of Courts Employee Handbook and is necessary to be evaluated for employment with the Clerk of Courts. In accordance with the ADA, we provide reasonable accommodation upon request. *Drug-Free Workplace Policy:* In accordance with F.S. 112, Highlands County Clerk of Courts is a drug-free workplace and a tobacco free campus. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty.

*All information provided will be verified. If employed, this document will become part of your permanent personnel file.*

Please consider me for the following position:

\_\_\_\_\_ Check **ONLY** one: Full-time  Part-time  Temporary   
Position title

I can start work on \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you intend to provide notice to your current employer? Yes  No

May we contact your current employer? Yes  No

**APPLICANT INFORMATION (Type or print legibly in ink only.)**

This application must be completed in its entirety and signed. Please indicate NA (not applicable) in any section that does not apply. A résumé may be attached, but *DOES NOT* substitute for a fully completed application. Unsigned or incomplete applications will not be considered.

\_\_\_\_\_  
Last name First name MI

\_\_\_\_\_  
Home address (number and street)

\_\_\_\_\_  
City County State Zip code

Home phone ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Are you legally eligible for employment in the U.S.? Yes  No

Do you have a valid Florida driver license? Yes  No  Check Class: A  B  C  D  E

Have you ever been convicted of a crime other than a minor traffic violation? Yes  No

Are you currently under arrest pending trial or adjudication? Yes  No

Have you ever plead nolo contendere (no contest) to a crime? Yes  No

Has a court ever withheld adjudication after you were charged with a crime? Yes  No

Are you currently using illegal drugs? Yes  No

Have you ever been discharged or asked to resign from any previous employment? Yes  No

Have you received disciplinary action from your current or last employer within the last 12 months? Yes  No

If you answered "Yes" to any of the questions in this section, explain the circumstances below (or attach to this application additional pages).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Answering "Yes" to any of the questions above may not necessarily disqualify you from consideration for employment with the Highlands County Clerk of Courts. Each explanation will be evaluated in relation to the position to which you are applying.

## EDUCATION

High School			Highest Grade Completed	Diploma (Yes/No)	GED or Equivalency	
High School Name						
Location (City, State)						

Your name, if different than application.

Name of College/University/Professional School	Location (City & State)	Dates Attended Month/Year		Hours Earned or Total Credits	Course of study or Major (i.e. Business Mgt)	Degree and Field (AA, AS, BS, MS, PhD...)	Date awarded (Month and Year)
		From	To				

Must provide certified copies of transcripts or degrees

Name of Tech/Vocational/Military School	Location (City & State)	Dates Attended Month/Year		Hours Earned or Total Credits	Course of study or Major (i.e. Business Mgt)	Degree and Field (AA, AS, BS, MS, PhD)	Date awarded (Month and Year)
		From	To				

Must provide certified copies of transcripts or degrees

List any current licenses, registrations, or certifications	License, registration, or certificate number	Dates received	Dates expires

## PROFESSIONAL REFERENCES (Exclude relatives and friends.)

Name	Occupation	Complete address Number, street, city, state, zip	Phone number (Area code) number	Years known
1.				
2.				
3.				

**WORK HISTORY** Begin with your current or most recent employer and provide your *complete* work history. Attach additional pages as necessary.

From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year:		
Reason for leaving:		
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year:		
Reason for leaving:		
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year:		
Reason for leaving:		

**WORK HISTORY** *continued.* Attach additional pages as necessary.

From:			To:			Employer name:		
Title:			Address:					
Supervisor Name:			Responsibilities:					
Last Salary per Week/Year:								
Reason for leaving:								
From:			To:			Employer name:		
Title:			Address:					
Supervisor Name:			Responsibilities:					
Last Salary per Week/Year:								
Reason for leaving:								

**SKILLS AND QUALIFICATIONS**

Summarize your special skills and qualifications, including the ability to read, speak, or write in a foreign language.

---

---

---

---

---

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I certify that all statements made in this application are true. I further acknowledge that should the Highlands County Clerk of Courts employ me, any misstatements of fact contained herein may be cause for termination. *[Under Florida's Government-in-the-Sunshine Law, applicants for employment with a public agency (such as Highlands County Clerk of Courts) are subject to public disclosure.]*

I authorize the Highlands County Clerk of Courts to make lawful inquiries regarding both my past and present employment and to release from liability all those supplying information.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VETERANS' PREFERENCE INFORMATION

**Veterans' Preference Policy:** Highlands County Clerk of Courts affords veterans preference in employment in accordance with F.S. 295. If you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The four Veterans' Preference categories are listed below. If you select category 1, 2 or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administrated by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.

You must provide a DD-214 or comparable official document to serve as a certificate of release or discharge at the time of application. In addition, if you claim preference under categories 1, 2, or 4 above you must furnish documentation per Rule 55A-7.013, F.A.C. War periods are defined in Section 1.01, F.S. Veterans' Preference expires after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. You also must be a Florida resident to be eligible.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

---

### VETERANS' PREFERENCE CLAIM (Must be completed)

#### BLOCK 1 (Complete if requesting the Veteran's Preference)

**If eligible, which Veterans' Preference category are you claiming?**

(Check the number from Veterans' Preference Information section above.) 1  2  3  4  5

**Have you ever been employed by any governmental entity within the State of Florida?** Check One: Yes  No

**Are you a resident of the State of Florida?** Check One: Yes  No

**Note:** If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing at the time of application a DD-214 (Certificate of Release or Discharge from Active Duty) and any other required documentation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### BLOCK 2 (Complete if "NOT" requesting the Veteran's Preference)

I declare that I *am not* claiming Veterans' Preference in this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_