

St. Johns County Clerk of the Circuit Court EMPLOYMENT APPLICATION

A separate application must be submitted for each job you apply for. Copies are acceptable.



Equal Opportunity Employer
Veterans Preference Employer

Where to find Vacancy Information:

- On the Internet at:
<http://www.sjcf.us>
- www.worksourcefl.com
- St. Johns County Clerk of Courts
4010 Lewis Speedway
St. Augustine, Florida 32084

Application is valid for 45 days

POSITION APPLIED FOR (MUST BE COMPLETED)

Date of Application: _____
 Job Title: _____
 Date You Are Available for Employment: _____
 Where did you learn of this vacancy? _____

INSTRUCTIONS

- Complete this application in its entirety. Type or print in black or blue ink.
- (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)**
- Submit your application in-person to:
ST. JOHNS COUNTY CLERK OF COURTS
- Submit your application by-email to:
kdacosta@sjccoc.us
- Submit your application by facsimile to: (904) 819-3665
- Sign your name in the Certification Section on page 4 (not required for e-mail submittal). All information you submit is subject to verification.
- Notify Human Resources at (904) 819-3605 directly and in advance if, due to a disability, you require special accommodations to participate further in the employment process.

HOW DO WE CONTACT YOU?

 Your Name

 Your Home Address

 CITY COUNTY STATE ZIP CODE

 Your Mailing Address (if different from above)

 Home Phone Work, Business or Cell Phone

 E-Mail Address:

CITIZENSHIP / AUTHORIZATION TO WORK

The St. Johns County Clerk of Courts hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? Yes No

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain. _____

Have you filed an application here before? Yes No If **Yes**, give dates: _____

Have you ever been employed here before? Yes No If **Yes**, give dates: _____

Are you on a layoff? Yes No

Are you subject to recall? Yes No

Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If **Yes**, explain. _____

Are you now employed? Yes No

May we contact your present employer? Yes No Previous Employer? Yes No

Please identify any exceptions and reasons for not contacting previous employers:

YOUR NAME _____

FRIENDS OR RELATIVES IN THE ST. JOHNS COUNTY CLERK OF COURTS EMPLOYMENT

To your knowledge, do you have any friends or relatives working for the SJC Clerk of Courts? **Yes** **No**

If "Yes", Name(s): _____ Relationship(s): _____ Dept(s) where employed: _____

(continue list on another sheet, if necessary)

EDUCATION — Indicate Highest Grade Completed.

Grade School (1 - 8) **High School** (9 - 12) **GED** **College** (1 - 4) **Graduate School** (1 - 4)

HIGH SCHOOL

Name: _____ Location _____
Received: Diploma Certificate of Completion GED None, highest grade completed: _____
Your name, if different while attending school: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		# OF CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

Your name, if different while attending school: _____

OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE/ Certificate EARNED
		FROM	TO	QTR	SEM		

Your name, if different while attending training: _____

KNOWLEDGE / SKILLS/ ABILITIES (KSAs)

List KSAs and/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc.

YOUR NAME

CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE SELECTED APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU WILL BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.

A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? **YES** **NO**
2. Have you ever had the adjudication of guilt withheld or plead nolo contendere for a felony or a first-degree misdemeanor? **YES** **NO**

If you answered **Yes** to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE/PENALTY IMPOSED	DATE OF DISPOSITION	COUNTY/STATE

Continue list on another sheet if necessary.

3. Have you ever been a defendant in a civil action for intentional tort? If yes, please include the nature of the intentional tort and the disposition of the action.

YES **NO**

Nature of intentional tort:

Disposition of the Action:

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information and release this employer from any liability as a result of such contact about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of St. Johns County Clerk of Courts government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for St. Johns County Clerk of Courts employment are public records except as noted on page 4. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill a safety-sensitive position, prior to appointment I may be required to successfully pass a pre-employment drug test.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that any employment with the Employer is for no term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the "at-will" employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood test or urinalysis screening for drug or alcohol use.

This application will remain active for forty-five (45) days. Any applicant wishing to be considered for employment beyond forty-five (45) days should reapply.

SIGNATURE: _____

DATE: _____

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of one, who is exempt from public records disclosure under §119.07, Florida Statutes?

Yes No

**Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families; human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, F.S..)*

VETERANS' PREFERENCE CLAIM

In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application**.

Check the appropriate block and attach the required documentation if you are claiming Veterans' Preference.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered 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 unmarried widow or widower of a veteran who died of a service-connected disability.

*** A DD214 or comparable document that serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01.F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state (city, county, etc.). Under Florida law, St. Johns County Clerk of Courts shall give preference in appointment to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents.*

Branch of Service: _____ Date of Entry: _____ Date of Honorable Discharge: _____

An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, FL 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

YOUR NAME

1	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name and Title: _____	
From: ____ To: ____ Number of Hours Worked Per Week: ____ Annual Salary: _____	
May we contact this employer? : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your Name if Different During Employment: _____	
Duties & Responsibilities: _____	
Reason for Leaving: _____	
2	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name and Title: _____	
From: ____ To: ____ Number of Hours Worked Per Week: ____ Annual Salary: _____	
May we contact this employer? : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your Name if Different During Employment: _____	
Duties & Responsibilities: _____	
Reason for Leaving: _____	
3	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name and Title: _____	
From: ____ To: ____ Number of Hours Worked Per Week: ____ Annual Salary: _____	
May we contact this employer? : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your Name if Different During Employment: _____	
Duties & Responsibilities: _____	
Reason for Leaving: _____	
4	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name and Title: _____	
From: ____ To: ____ Number of Hours Worked Per Week: ____ Annual Salary: _____	
May we contact this employer? : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your Name if Different During Employment: _____	
Duties & Responsibilities: _____	
Reason for Leaving: _____	

YOUR NAME

5 Name of Employer: _____
Address: _____ Phone No.:(_____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week: _____ Annual Salary: _____
May we contact this employer? : **YES** **NO**
Your Name if Different During Employment: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

6 Name of Employer: _____
Address: _____ Phone No.:(_____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week: _____ Annual Salary: _____
May we contact this employer? : **YES** **NO**
Your Name if Different During Employment: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

7 Name of Employer: _____
Address: _____ Phone No.:(_____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week: _____ Annual Salary: _____
May we contact this employer? : **YES** **NO**
Your Name if Different During Employment: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

If needed, attach additional sheet, using the same format as on this page. Resumes may be attached to provide additional information regarding duties and responsibilities.