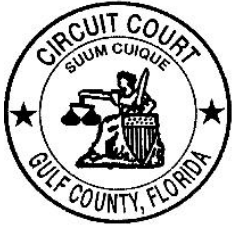


GULF COUNTY CLERK OF COURT AND COMPTROLLER



EMPLOYMENT APPLICATION

An Equal Opportunity Employer
"DRUG-FREE WORKPLACE"

FOR
OFFICIAL
USE
ONLY

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

1. Your opportunity for employment with Gulf County Clerk of Court and Comptroller begins with the accuracy and completeness of your application. Answer all questions. It is to your advantage to fill it out in as much detail as you can.
2. Individuals selected for employment must pass a pre-employment drug test and/or physical (by the Clerk's physician).
3. Complete all information within this application in its entirety.
4. Type or print in ink.
5. All information provided will be a public record and will be released upon request, unless exempt or confidential.
6. Sign your name in the Certification Section (page 4).

Submit your original, completed application to:
Gulf County Clerk of Court and Comptroller
Attention: Human Resource Director
1000 Cecil G. Costin Sr. Blvd. Room 148
Port St. Joe, FL 32456-1648
9:00 A.M. to 5:00 P.M., Monday through Friday

All information you submit is subject to verification.

POSITION APPLIED FOR

Desired Position(s): _____

Date You Can Start Work: _____ Desired Salary: _____

Have you ever been employed by Gulf County Government: No _____ Yes _____ If yes, indicate Office(s), Department(s), position(s), and reason for leaving. _____

PERSONAL DATA

Name: _____
Last First Middle

Present Address: _____

City County State Zip Code

Permanent Address _____

City County State Zip Code

Phone _____ Alternate Phone _____

E-mail Address _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL RECEIVED: ☐ Diploma ☐ Other (specify) _____ ☐ None

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)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

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

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, CERTIFICATION (Attach a copy.)

LICENSE OR CERTIFICATION:

Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

4 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

5 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

6 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES

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

<input type="checkbox"/> Calculator	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Typing _____ w.p.m..	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Foreign Language _____
<input type="checkbox"/> Photocopying	<input type="checkbox"/> PC / Internet	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Other: (Please List) _____
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Clericus	<input type="checkbox"/> Adobe Acrobat	_____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)? YES NO

**Other covered jobs include but are not limited to: 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 [see§ 119.071.F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMANOR? YES NO

IF "YES", What Charges? _____ Where? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR: YES NO

IF "YES", What Charges? _____ Where? _____ Date of Conviction: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMANOR YES NO

IF "YES", What Charges? _____ Where? _____ Date of Conviction: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

PERSONAL REFERENCES

PROVIDE A LIST OF PERSONAL REFERENCES. SUPERVISORS SHOULD BE LISTED IN THE EMPLOYMENT SECTION AND NOT INCLUDED AS A PERSONAL REFERENCE.

Name: _____	Relationship: _____	Years Known: _____	Phone: _____
Name: _____	Relationship: _____	Years Known: _____	Phone: _____
Name: _____	Relationship: _____	Years Known: _____	Phone: _____
Name: _____	Relationship: _____	Years Known: _____	Phone: _____

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

ARE YOU A U.S. CITIZEN? YES NO

IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES EMPLOYED BY GULF COUNTY? YES NO

If yes, please provide Name, Relationship, Department

_____	_____
_____	_____

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the State.

IF YOU ARE A MALE BORN ON OR AFTER JANUARY 1, 1960, HAVE YOU REGISTERED OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)? YES NO N/A

VETERANS' PREFERENCE

IS VETERANS' PREFERENCE BEING CLAIMED? YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations on this employment application, related employment papers and oral interviews 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 give may be investigated as allowed by law. I consent to the release of information 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 Gulf County Clerk of Court and Comptroller for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____



This section SHOULD be removed prior to the selection process.

EEO SURVEY Although the following information is not mandatory, it is requested to evaluate the effectiveness of our recruiting efforts and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaska Native
- ☐ 2 or more races

Ethnicity (CHECK ONLY ONE):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

How did you learn about this job?

- ☐ Walk in Gulf County Clerk's Office
- ☐ Other Agency (please specify)
- ☐ Newspaper
- ☐ Clerk's Office Employee
- ☐ Internet
- ☐ Other

SEX: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

GULF COUNTY CLERK OF COURT AND COMPTROLLER DISCLOSURE AND RELEASE FORM

As part of the application process for employment at Gulf County Clerk of Courts (Clerk's Office), I understand that the Clerk's Office and/or its agents will conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous and/or current employment, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that these records may be used for the eligibility of my employment. I authorize, without reservation, the full release of these records and for the Clerk's Office and/or agents contracted by the Clerk's Office to obtain information.

In addition, I release and discharge the Clerk's Office, and its entire agent and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservations, throughout any duration of my employment at the Clerk's Office. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

{PLEASE PRINT}

Applicant's Name: _____
First Middle Last

Signature: _____ Date: ____/____/____
MM DD YYYY

Date of Birth: ____/____/____ (This is used only for criminal and driving records retrieval.)
MM DD YYYY

Maiden Name: _____
First Middle Last

Previous Legal Name(s): _____
First Middle Last

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____ Expires: _____
MM/ DD/ YYYY

Current Address: _____ Length of Residency: _____
Street Address

City State Zip

Previous Address: _____ Length of Residency: _____
Street Address

City State Zip

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

- I. I have never been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE _____

DATE _____

- II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹
- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College Optional Retirement Program (SCCORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other _____

- III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I must repay all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE _____

DATE _____

- IV. I am retired from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired, I must repay³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE _____

DATE _____

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.