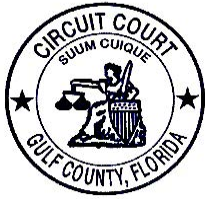


# GULF COUNTY CLERK OF COURT AND COMPTROLLER



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer  
"DRUG-FREE WORKPLACE"

FOR  
OFFICIAL  
USE  
ONLY

## GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Submit completed application to: Gulf County Clerk of Court and comptroller  
Attention: Human Resource Officer  
1000 Cecil G. Costin Sr. Blvd. Room 138  
Port St. Joe, FL 32456  
Phone: (850) 229-6112  
9:00 A.M. to 5:00 P.M., Monday through Friday
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.  
Your opportunity for employment with Gulf County Clerk of Court and Comptroller begins with the accuracy and completeness of your application. The application form must be completed and each question answered. It is to your advantage to fill it out in as much detail as you can.
- Individuals selected for employment must: Pass a pre-employment drug test and/or physical (by the Clerk's physician).

## 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: \_\_\_\_ Pay Rate: \_\_\_\_ (\_\_\_\_)  
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 (K/S/A)

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"/> PC / Internet	<input type="checkbox"/> Foreign Language _____
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Typing _____ w.p.m.	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Clericus	<input type="checkbox"/> Other: (Please List) _____
<input type="checkbox"/> Filing	<input type="checkbox"/> Shorthand _____ w.p.m.	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Information Technology	_____
<input type="checkbox"/> Photocopying	<input type="checkbox"/> Dictaphone	<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 A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? \_\_\_\_\_ ☐ ☐

Where convicted? \_\_\_\_\_ 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: \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

☐ YES ☐ NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

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.]

## 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.

1. ARE YOU A U.S. CITIZEN?

☐ YES ☐ NO

2. 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: \_\_\_\_\_

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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: \_\_\_\_\_

# 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)<sup>1</sup>

- ☐ 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 7<sup>th</sup> 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 position<sup>2</sup> 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,<sup>3</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> 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 position<sup>2</sup> during the first 6 calendar months after I retired, I must repay<sup>3</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

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.

<sup>1</sup>If 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 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

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

<sup>3</sup>Florida 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.

<sup>4</sup>There 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.

# GULF COUNTY CLERK OF COURT AND COMPTROLLER DISCLOSURE AND RELEASE FORM

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, names and dates of education, and credit reports. 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

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