



Rachel M. Sadoff
CLERK OF THE CIRCUIT AND COUNTY COURTS
BREVARD COUNTY, FLORIDA

**APPLICATION TO UPDATE EMPLOYMENT STATUS
AND/OR APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status.

You may submit your Employment Application via e-mail to ApplicationsHR@brevardclerk.us, by U.S. Mail to Brevard Clerk of Courts, P.O. Box 999, Attention: HR, Titusville, FL 32781-0999, or in person at 400 South Street, 1st Floor, HR Office, Titusville, FL 32780.

Position Applied For: _____

Date: _____

Are you 18 Years or Older? Yes No

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No.: _____ Referred by: _____

Are you currently working for the Clerk's Office or have you worked for the Clerk's Office in the past?

If you have previously worked for the Clerk's Office, what were the dates of employment?

_____.

List all individuals known to you that work for this office (state full name):

Are there any days, shifts or hours you will not work? Yes No

If yes, explain: _____

EDUCATION

Name & Location of School	Degree/Dates Certificate	Subjects Studied	Grade Average
Grade School(s) _____			
High School(s) _____			
College(s) _____			
Trade, Business, or Correspondence School _____			
Other (including Graduate School) _____			

SKILLS

Any Supplemental Skills or Job Related Training? _____

Do you speak any languages fluently other than English? If so, which? _____

Have you ever been convicted of, had adjudication withheld, or pled guilty, no contest

or nolo contendere, to a crime? Yes No

If yes, give details [date, place, offense(s), disposition, etc]. _____

PREVIOUS EMPLOYMENT

List below, sequentially, all of your employers in the last seven (7) years beginning with your current or most recent employer (use additional pages if necessary).

Date Month & Year	Name, Address & Phone Number of Employer	Position & Job Duties	Salary	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what names? _____

Have you ever received any written reprimands or disciplinary suspensions during any previous employment? Yes No

If yes, explain: _____

Have you ever been discharged or asked to resign? Yes No

If yes, explain (include by whom, when and for what). Attach separate page(s) if necessary: _____

REFERENCES:

Give below the names of three persons not related to you whom you have known at least one (1) year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Acquainted</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY RECORD:

Were you in the U.S. Armed Forces? Yes No

If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office? _____

Employment in this office will require a copy of your DD-214.

VETERANS' PREFERENCE: (Complete this section only if you are claiming Veterans' Preference)

Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? Yes No

If yes, give name of employer: _____

If you claim Veterans' Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned.)

1. Veteran of a wartime era – Requires (A) DD-214 or other documentation showing dates of service and type of discharge.
2. Disabled Veteran – Requires (A) and (B) letter of service connected with disability from the V.A.
3. Veterans' Widow – Requires (A) and marriage and death certificates, and statement saying not remarried.
4. Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability.
5. Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) a letter from V.A. indicating that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD-214.

Veterans' Preference documentation must be submitted at the time of initial application. If any preference eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference-eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

Note: Veterans' Preference pertains to all positions except the following:

1. Elected Officials.
2. Board and Commission Members.
3. Department Heads.
4. Personal secretary of each such office or appointee.
5. Temporary employee for the purpose of conducting special studies.
6. Positions filled internally by means of promotion, demotion, or reassignment.

BACKGROUND CHECK INFORMATION:

DRIVING RECORD:

Do you have a valid driver's license? Yes No

What class of license do you possess? _____

List driver's license number and state. _____

Have you had a suspension or probation of your license within the past seven (7) years? Yes No

How many speeding or other moving violations have you received in the past seven (7) years?

List below all traffic violations (except parking) on your record for the last seven (7) years and all vehicle accidents in which you were involved [use additional page(s) if necessary].

DATE	LOCATION	DESCRIPTION	RESULT

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the office to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Brevard County Clerk of Court's Office all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Brevard County Clerk of Court's Office, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my employment is at the discretion of the Clerk of Courts and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Clerk of Courts or myself. I understand that no supervisor or other representative of the Clerk of Courts has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued employment that I may be requested by the office to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so, or unsatisfactory test results will disqualify me from consideration for work, or if I am working, may result in my immediate dismissal.

I certify that I have read, understand, and agree with the above.

Signature of Applicant

Date