



## Scott Ellis

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 [HR@brevardclerk.us](mailto:HR@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, 2<sup>nd</sup> Floor – East, Titusville, FL 32780.

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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?

\_\_\_\_\_.

Post Office Box 999, Titusville, FL 32781-0999  
Telephone: (321) 637-5413 Fax: (321) 264-6940

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

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

If yes, explain: \_\_\_\_\_

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**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) _____			

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**SKILLS**

Any Supplemental Skills or Job Related Training? \_\_\_\_\_

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

Have you ever been convicted of, or pled guilty, no contest or nolo contendere, to a crime?

Yes  No

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

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**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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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: \_\_\_\_\_  
\_\_\_\_\_

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**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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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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.

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**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: \_\_\_\_\_

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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.

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**BACKGROUND CHECK INFORMATION:**

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**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?  
\_\_\_\_\_

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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.

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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

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