

**LEVY COUNTY CLERK OF COURT
APPLICATION FOR EMPLOYMENT**

Human Resource Office
355 South Court Street * Bronson, Florida 32612
Mailing Address: Post Office Drawer 610
Telephone: 352-486-5266

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of employment opportunities.

Position Applying for: _____ Department: _____

PERSONAL INFORMATION			
Last Name:		First Name:	Middle:
Address:		Home Phone:	
City, State, Zip Code		Additional Phone Number: <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Other	
County:	Email is: <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other		Phone Number:
	Email address:		Extension

RELATIVES EMPLOYED BY LEVY COUNTY: Do you have any relatives by blood or marriage including elected officials, working for the Board of County Commissioners or other elected officials in Levy County Government? Yes No If yes, complete the following:

FULL NAMES OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP

HAVE YOU EVER BEEN EMPLOYED BY LEVY COUNTY COMMISSIONERS? yes no If yes, from _____ to _____
What Department? _____ Supervisors name: _____ Reason for leaving: _____

LAW VIOLATION RECORD: Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense in any civilian or military court? Yes No If yes, provide details. Note: A "yes" answer to this question 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 will be considered.

OFFENSE	DATE	PLACE	DISPOSITION

DRIVER LICENSE INFORMATION

Do you have a valid Drivers License? Yes No
Non-Commercial: Class E (operator) Class D **Commercial:** Class A Class B Class C
CDL Endorsement(s): Tanker Air Brakes Passenger HazMat **Permit:** Class A Class B

EDUCATION - TRAINING - SKILLS

Highest Education Level Attained?
 Less than HS
 Technical School
 2-Year College
 Some Grad School
 MD, DDS, JD
 Post Equivalent
 HS Graduate
 Some College
 Bachelor's
 Master's
 Doctorate
 Doctorate

Type of School	Name of School and State	Credits / Hours Completed	Graduated		Type of Diploma or Degree	Major Field of Study
			Yes	No		
High School or issuing Gov't Authority						
Undergraduate Colleges or Universities						
Graduate Schools						
Technical, Vocational or Bus Schools						

SPECIAL TRAINING AND SKILLS

Office & Related Equipment	
<input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Copy Machine <input type="checkbox"/> Dictaphone <input type="checkbox"/> Facsimile <input type="checkbox"/> Microfilm Equip <input type="checkbox"/> Software Applications <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Typewriter <input type="checkbox"/> Word Processor	

List any past accomplishments, honors, or assignments which may be relevant for the job for which you are applying:

Special Training, knowledge, skills or abilities related to position for which you are applying:

LICENSES - CERTIFICATIONS - REGISTRATIONS

Please indicate any Professional / Occupational Licenses or Registrations / Certifications you currently hold:

Name of License / Certification / Registration	Number	Issue Date	Expiration Date	State
Issued By:				
Name of License / Certification / Registration	Number	Issue Date	Expiration Date	State
Issued By:				

EMPLOYMENT HISTORY

Experience: Beginning with your most recent job, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this job opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional related experience on a "Separate sheet and attach to Application."

Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisor's Name	Supervisor's Title	
Final Salary \$	Your Title		
Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisor's Name	Supervisor's Title	
Final Salary \$	Your Title		
Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisor's Name	Supervisor's Title	
Final Salary \$	Your Title		
Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisor's Name	Supervisor's Title	
Final Salary \$	Your Title		
Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisor's Name	Supervisor's Title	
Final Salary \$	Your Title		
Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		

VETERANS' PREFERENCE

Do you wish Veterans' Preference? Yes No
 If Yes, Branch _____ Entry Date _____ Discharge Date _____

Note: PLEASE SUBMIT YOUR DD-214 AND COMPLETE THE LEVY COUNTY "APPLICATION FOR VETERANS' PREFERENCE (0007)" FOR VETERANS' PREFERENCE CONSIDERATION.

REFERENCES: List 3 references who are not relatives:

NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN

DRUG FREE WORKPLACE STATEMENT

Levy County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

Satisfactory completion of a pre-employment drug test is a mandatory condition of employment with the County. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn, and will render the applicant ineligible for County employment for twelve (12) calendar months from the date of the positive drug test.

PRE-EMPLOYMENT BACKGROUND CHECKS

Satisfactory completion of a pre-employment background check is a condition of employment with Levy County. Applicants selected for hire will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation.

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or the dismissal from employment. I hereby authorize investigation of all statements I have made herein. I authorize that the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their records. I hereby release said companies or persons, and Levy County Government from all liability for any damages whatsoever for issuing or obtaining this information. I understand that applications submitted for county employment are public records. In the event I am employed by Levy County, I agree to comply with all its policies, rules and regulations.

Applicant's Signature: _____ Date: _____

LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER