



MATT BROOKS
CLERK OF THE CIRCUIT COURT
AND COMPTROLLER

EMPLOYMENT APPLICATION

FOR OFFICIAL USE ONLY

Agency Authorized Signature	Date Received
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POSITION APPLIED FOR

Position:	
Department:	
Date Available:	

RESPECT. INTEGRITY. SERVICE. TRUST.

GENERAL

Name:			Date of Birth:	
Address:			City, State, Zip:	
Contact Number:		Email Address:		
Have you ever been employed by the Levy County Clerk of Court?			<input type="checkbox"/> Yes (Indicate Below) <input type="checkbox"/> No	
Dates Employed		Department	Supervisor Name	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No			Indicate Name	
Relatives Employed by Levy County Clerk of Court?			<input type="checkbox"/> Yes (Indicate Below) <input type="checkbox"/> No	

Full Name of Relative	Department	Relationship

EDUCATION- TRAINING

Highest Education Level Attained:	No Diploma	GED	High School Graduate	
	Some College	Technical College	2- Year College Graduate	
	Bachelor Degree	Master's Degree	Other: _____	
School Level	Name & City/State	Course of Study	Did you Graduate	Diploma/Degree
High School:				
Business/Trade:				
College/University:				
Post Graduate:				

SKILLS- TRAINING

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

List any special training, knowledge, skills ore abilities related to the position in which you are applying:

LICENSES- CERTIFICATIONS- REGISTRATIONS

Type of License

Issued By:

Number

Date Issued

Expiration Date

Type of License

Issued By:

Number

Date Issued

Expiration Date

Type of License

Issued By:

Number

Date Issued

Expiration Date

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent position. 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, resumes may be attached to provide additional information.

1 Name of Present or Last Employer:

Address: _____

Your Job Title: _____

Supervisor's Name: _____

Phone Number: _____

From: _____ To: _____

Hours Per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Previous Employer:

Address: _____

Your Job Title: _____

Supervisor's Name: _____

Phone Number: _____

From: _____ To: _____

Hours Per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

3

Name of Previous Employer: _____

Address: _____

Your Job Title: _____

Supervisor's Name: _____

Phone Number: _____

From: _____ To: _____

Hours Per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

4

Name of Previous Employer: _____

Address: _____

Your Job Title: _____

Supervisor's Name: _____

Phone Number: _____

From: _____ To: _____

Hours Per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

5

Name of Previous Employer: _____

Address: _____

Your Job Title: _____

Supervisor's Name: _____

Phone Number: _____

From: _____ To: _____

Hours Per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

VETERANS' PREFERENCE

Do you wish to claim Veterans' Preference? ☐ Yes (Indicate Below) ☐ No

Branch

Entry Date

Discharge Date

Attach copy of your DD214 to this application.

REFERENCES

List 3 non-relative references.

Name	City/State	Phone No.	Email Address	Years Known

ACKNOWLEDGMENT

Read carefully the below acknowledgments; Print intial, and sign.

Applications can be submitted by mail, fax or email to:

Mail:

Levy County Clerk of Court
355 South Court Street
Bronson, Florida 32621-6520

Fax:

352-486-5166

Email:

willis-brooke@levyclerk.com

Levy County is a Drug-Free Workplace. I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering other or myself at any time during my employment, I may be required to take an alcohol/drug test.

I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that misrepresentations or omissions may disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered later.

Applicant Signature

Date