

LEVY COUNTY CLERK OF THE COURT & COMPTROLLER
APPLICATION FOR EMPLOYMENT
355 S. Court St.
BRONSON, FL 32621
TELEPHONE: (352) 486-5266 ext. 1227/1230
FAX: (352) 486-5444
EMAIL: humanresources@levyclerk.com

Instructions: Complete all items. If a question is not applicable, type "N/A". Do not leave any sections blank. Failure to do so may result in a loss of employment opportunities. Resumes may be attached to supplement the information on the application, but are not accepted in lieu of completion of this application. This application will only be used to consider you for the one position for which you are applying. If you wish to be considered for future openings, you will need to submit a new application. *Asterisk items must be completed.

*Position Applying For: _____ *Department: _____

PERSONAL INFORMATION

*Last Name _____ *First Name: _____ *Middle Name: _____

*Street Address: _____ *Home Phone: _____ *Cell Phone: _____

*City: _____ *State: _____ *Zip Code: _____ *County: _____ *Email: _____

*Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Do you have a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> E – Regular License <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CDL Endorsements: _____	
*Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name: _____			
*Are you able to perform the essential functions of the position as listed and described on the job description for this position with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Relatives Employed by Levy County: Do you have relatives by blood or marriage including elected officials, Working for the Board of County Commissioners or other elected officials in Levy County Government. <input type="checkbox"/> Yes (If Yes, please complete below) <input type="checkbox"/> No			
Full Name of Relative: _____		Dept. or Office Location: _____	
Relationship: _____			
*Have you ever been employed by Levy County Clerk of Court? <input type="checkbox"/> Yes (If Yes, please complete below) <input type="checkbox"/> No			
Dates Employed: _____	Department: _____	Supervisor 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? 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. <input type="checkbox"/> Yes (If Yes, please complete below) <input type="checkbox"/> No			
Offense: _____	Date: _____	Place: _____	Disposition: _____
*Are you on the exclusion list for the U.S. Department of Health and Human Services Office of Inspector General? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION – TRAINING – SKILLS

***Highest Education Level Attained.**

- ☐ Less than High School ☐ High School Graduate ☐ Tech School ☐ 2 Year College ☐ Some College
☐ Some Grad School ☐ Doctorate ☐ Bachelors ☐ Master's ☐ MD, DDS, JD ☐ Post ☐ GED

School Level	Name and Location of School	Course of Study	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	

***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 the position in which you are applying:**

LICENSES-CERTIFICATIONS-REGISTRATIONS

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

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

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."

Company Name:		Phone:		From Mo./Yr.	To Mo./Yr.
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
Job Title:		Number of Employees Supervised:		May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name:	Supervisor's Phone Number:		Reason for Leaving:		
Duties and Responsibilities:					
Company Name:		Phone:		From Mo./Yr.	To Mo./Yr.
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
Job Title:		Number of Employees Supervised:			
Supervisor Name:	Supervisor's Phone Number:		Reason for Leaving:		
Duties and Responsibilities:					
Company Name:		Phone:		From Mo./Yr.	To Mo./Yr.
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
Job Title:		Number of Employees Supervised:			
Supervisor Name:	Supervisor's Phone Number:		Reason for Leaving:		
Duties and Responsibilities:					
Company Name:		Phone:		From Mo./Yr.	To Mo./Yr.
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
Job Title:		Number of Employees Supervised:			
Supervisor Name:	Supervisor's Phone Number:		Reason for Leaving:		
Duties and Responsibilities:					

VETERANS' PREFERENCE

Do you wish to claim Veterans' Preference? ☐ Yes ☐ No

If Yes: Branch: _____ Entry Date: _____ Discharge Date: _____

Applicants seeking Veteran's Preference should attach the Veteran's Preference Request Form and a Copy of their DD 214 to this application.

REFERENCES

List 3 References who are NOT Relatives.

*Name:	*Complete Address:	*Phone:	*Occupation:	*Years Known:

ACKNOWLEDGEMENT

Please read carefully, initial each paragraph, and sign below.

*Initial	*I authorize any person, school, current employer (except as expressly noted), past employer(s), and Organizations named in this application form (and accompanying resume or other documentation, if any) to provide Levy County with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. Additionally, I understand that Levy County may conduct a background check as well as check a check of any social media pages I may have.
*Initial	*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.
*Initial	*I hereby acknowledge that I have read the above statements and understand them. I certify that I the undersigned applicant, have personally completed this application. 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 any 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: _____

All applications are subject to Florida Public Records Law.

LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Levy County Clerk of Court
355 S. Court St.
Bronson, FL 32621