



REBECCA L. NORRIS

Gulf County Clerk of the Circuit Court and Comptroller

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder • Auditor
Telephone: 850-229-6112 • Fax: 850-229-6174 • www.gulfclerk.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

This employment application must be filled out accurately and completely. All questions must be answered. If space provided is insufficient for complete answers or you wish to furnish additional information, you may attach separate sheets of paper. If you are applying for more than one vacant position, a separate application must be submitted for each position.

If you are applying for a position that requires a specific license or certification, a copy of the license or certification is required and must be submitted with the application. Failure to provide required documentation may result in disqualification. Omission of facts, exaggeration, or misleading statements will be perceived as falsification and are grounds for non-employment or dismissal.

APPLICATION PROCESS

Complete applications are kept on file for six months from the date received. Any applicant wishing to be considered for employment beyond that time should submit a new application. The Clerk's Office will select a number of qualified applicants to interview for each vacancy. Only those applicants who are interviewed will be notified of the results of the selection process.

EQUAL OPPORTUNITY EMPLOYER

The Clerk of the Circuit Court and Comptroller (the "Clerk") does not discriminate on the basis of race, color, sex, age, disability, religion, national origin, marriage, genetic information, or any other protected characteristic as established by federal, state, or local law. Employment decisions will be based solely on job-related criteria. Personnel hired and promoted will be selected from all applicants on the basis of qualifications believed to be essential for an employee to perform well. These include such factors as ability, attitude, availability, capability, aptitude, experience, education, and a willingness to work.

DRUG-FREE WORKPLACE

In accordance with §440.102, Florida Statutes, the Clerk's Office is a drug-free workplace. Job applicants in mandatory-testing positions will be required to submit to pre-employment testing for the use of illegal substances. All employees are subject to testing post-employment in accordance with Florida law.

VETERANS PREFERENCE

In accordance with Chapter 295 of the Florida Statutes, the Clerk gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria.

PROOF OF CITIZENSHIP AND EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act requires that all employees submit proof of citizenship and employment eligibility upon hire. If you are chosen for employment with the Clerk's office, you will be required to submit the required documentation no later than your third day of employment.

SUBMITTING YOUR APPLICATION

Applications may be submitted by one of the following means:

- In person: 1000 Cecil G. Costin Sr. Blvd. Human Resource Office Rm 138, Port St. Joe, FL, 32456
- By mail: Clerk of Court, Attn: Human Resources, 1000 Cecil G. Costin Sr. Blvd, Port St. Joe, FL, 32456
- By email: ebland@gulfclerk.com



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For Internal Use Only

APPLICATION FOR EMPLOYMENT

POSITION	
Position Applied For:	
PERSONAL INFORMATION	
Name (first, middle, last):	
Address:	Preferred Name:
City, State, Zip:	
Primary Telephone:	Alternate Telephone:
Email address:	
Do you have any relatives working for Gulf County or Clerk of Courts? Yes No	
If so, name:	Department and Position:
Have you ever been convicted of any violation other than a non-criminal traffic violation? Yes No	
If "YES", What Charges? _____ Where? _____ Date of Conviction: _____	
Have you ever been convicted of a Felony or First Degree Misdemeanor? Yes No If "YES",	
What Charges? _____ Where? _____ Date of Conviction: _____	
Have you ever Pled Nolo Contendere or Pled Guilty to a crime which is a Felony or a First Degree Misdemeanor? Yes No	
If "YES", What Charges? _____ Where? _____ Date of Conviction: _____	
Have you ever been had the Adjudication of Guilt Withheld for a crime which is a Felony or a First Degree Misdemeanor? Yes No	
If "YES", What Charges? _____ Where? _____ Date of Conviction: _____	
<i>NOTE: A "YES" answer to these questions 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 are considered [see F.S. 112.011]</i>	
Are you a United States Citizen? Yes No	
If you are not a United States Citizen, do you possess official documentation that authorizes you to work in the United States? Yes No	
SELECTIVE SERVICE SYSTEM REGISTRATION	
<i>Section 110.1128, Florida Statutes, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the service.</i>	
If you are a male born after December 31, 1959, have you registered or do you have proof you registered, or do you have proof of an Exemption from this requirement: (Document may be Required)? Yes No N/A	
EXEMPTION FROM PUBLIC RECORDS DISCLOSURE	
Are you a current or Former Law Enforcement Officer, Other Covered Employee**, or the Spouse or Child of one, whose information is exempt from Public Records Disclosure under Section 119.071(4)(d), Florida Statutes? Yes No	
<i>**Other covered jobs include, but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [F.S. 119.071].</i>	

EDUCATION					
	School Name & City/State	Dates Attended (MM/YY)	Major/Minor	Graduated	Degree
High School				Yes No	
Junior College				Yes No	
College or University				Yes No	
Other Schools				Yes No	

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, ETC.)

	School Name & City/State	Dates Attended (MM/YY)	Major/Minor	Graduated	Degree
				Yes No	
				Yes No	
				Yes No	
				Yes No	

LICENSURE, CERTIFICATION (Attach a copy.)

License or Certification	Number	Date Received	Expiration Date	State Licensing Agency

KNOWLEDGE / SKILLS / ABILITIES

Indicate or List all (Knowledge/Skills/Abilities) you possess and believe relevant to the position you seek, such as fluency in a foreign language(s), computer skills, etc.

Clericus Munis Information Technology Computer Programming Computer Networking Microsoft Word
 Microsoft Excel Microsoft Outlook Adobe Acrobat Calculator Keyboarding, ___wpm Fax Machine
 Switchboard Dictaphone Foreign Language(s) (List) _____
 Other (List) _____

PROFESSIONAL REFERNCES

List three professional references.

Name	Email	Phone	Years Known

EMPLOYMENT HISTORY

List all previous employment. Begin with your present or most recent employer in the first box. You may include volunteer work or hobbies in which the experience you gained is relevant to the position for which you are applying. Please be specific and give as much information as possible in describing your duties. The Clerk's Office may contact previous employers to verify information provided. *You may attach a resume to supplement but not in place of this information.*

Employer:	Specific duties you performed:
City/State:	
Job Title:	
Supervisor's name/title:	
Dates Employed. From _____ To _____	
Hours worked per week:	
Salary: \$ _____ per _____	
Reason(s) for leaving:	

May we contact your current employer? Yes No

Employer:	Specific duties you performed:
City/State:	
Job Title:	
Supervisor's name/title:	
Dates Employed: From To	
Hours worked per week:	
Salary: \$ per	
Reason(s) for leaving:	
Employer:	Specific duties you performed:
City/State:	
Job Title:	
Supervisor's name/title:	
Dates Employed: From To	
Hours worked per week:	
Salary: \$ per	
Reason(s) for leaving:	
Employer:	Specific duties you performed:
City/State:	
Job Title:	
Supervisor's name/title:	
Dates Employed: From To	
Hours worked per week:	
Salary: \$ per	
Reason(s) for leaving:	

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Be advised that all information supplied while making application for employment with all state, county, and municipal agencies becomes a Public Record under provisions of Chapter 119, Florida Statutes, and as such must be made available upon request.

All information you provide will be considered in reviewing your application, and a false answer to any question may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to verification, including a check of your fingerprints, police records, education, and former employers. Persons selected for employment must furnish appropriate documentation and complete a Form W-4 (federal withholding) before receiving payment of wages or salaries. Identification is required to complete Form I-9, employment eligibility verification, within three days of employment. The Escambia County Clerk of the Circuit Court and Comptroller's Office participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S. If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you have the opportunity to resolve the issue. If you choose not to resolve or appeal the issue, we may have the right to terminate your employment.

The Clerk makes every effort to provide steady, continuous work, and cannot guarantee the performance of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to work rules, job performance, etc. Employees may elect to leave on their own accord at any time.

BODY PIERCING, HAIR COLOR, AND TATTOO POLICY

With the exception of the ears, all visible body piercing and all visible tattoos must be concealed with clothing or bandages during office hours. Facial piercing and/or tongue piercing are prohibited. A maximum of two earrings is allowed per ear. Extreme hair styles or colors are not allowed. Hair must be a natural color (i.e., no bright reds, blue, green, purple etc.).

I UNDERSTAND that if I accept an offer of employment, I will be required to abide by the body piercing, hair color, and tattoo policy.

I FURTHER UNDERSTAND that my employment with the Gulf County Clerk of the Circuit Court and Comptroller (the "Clerk") is for no specific term. Unless otherwise defined by applicable law, any employment relationship with the Clerk is of an "at will" nature, which means that I may resign at any time and the Clerk may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Clerk.

I am aware that any omissions, falsifications, misstatements, or misrepresentations on this employment application, related employment papers and oral interviews may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Gulf County Clerk of Court and Comptroller for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and oh any attachments are true, correct, complete, and made in good faith.

By my signature, I hereby authorize a representative of the Clerk to communicate with persons listed as references, former employers, and any others with whom you desire to check in an effort to investigate my work, education, and/or personal history that is job related. I agree to hold such persons harmless with respect to any information they may give you about me in this investigation.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. Any digital signature I affix shall have the full force and effect as an original.

Signature

Date

VETERANS' PREFERENCE CERTIFICATION

Date: _____

Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the

I certify that I am qualified to claim Veterans' Preference under the category checked below:

(a) A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or

2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States

Department of Veterans Affairs and the United States Department of Defense.

(b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

(c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(d) The unremarried widow or widower of a veteran who died of a service-connected disability.

(e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in

the line of duty under combat-related conditions, as verified by the United States Department of Defense.

(g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status. Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact HR at 595-4310 if you have any questions.

This statement is true to the best of my knowledge and belief.

By _____
Printed Name

Veterans' Preference Certification, FDVA form VP-1, effective date: June/2016, incorporated in rule 55A-7.013, FAC

GULF COUNTY CLERK OF COURT AND COMPTROLLER DISCLOSURE AND RELEASE FORM

As part of the application process for employment at Gulf County Clerk of Courts (Clerk's Office), I understand that the Clerk's Office and/or its agents will conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous and/or current employment, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that these records may be used for the eligibility of my employment. I authorize, without reservation, the full release of these records and for the Clerk's Office and/or agents contracted by the Clerk's Office to obtain information.

In addition, I release and discharge the Clerk's Office, and its entire agent and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservations, throughout any duration of my employment at the Clerk's Office. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

{PLEASE PRINT}

Applicant's Name: _____
First
Middle
Last

Signature: _____ Date: _____ / _____ / _____
MM
DD
YYYY

Date of Birth: _____ / _____ / _____ (This is used only for criminal and driving records retrieval.)
MM
DD
YYYY

Maiden Name: _____
First
Middle
Last

Previous Legal Name(s): _____
First
Middle
Last

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____ Expires: _____
MM
DD
YYYY

Current Address: _____ Length of Residency: _____
Street Address

City
State
Zip

Previous Address: _____ Length of Residency: _____
Street Address

City
State
Zip

FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1	<p>Enter Your Info</p> <p>PLEASE PRINT</p>	<p>NAME _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>CURRENT AGENCY NAME _____</p> <p>PREVIOUS AGENCY NAME _____</p>							
2	<p>Confirm Prior Membership</p>	<p>Have you ever been a member of a State of Florida-administered retirement plan?</p> <p><input type="checkbox"/> No, I have <u>never</u> been a member of a State of Florida-administered retirement plan. If No, skip to section 4.</p> <p><input type="checkbox"/> Yes, I have been a member of a State of Florida-administered retirement plan. If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> FRS Pension Plan (including DROP)</td> <td style="width: 50%;"><input type="checkbox"/> FRS Investment Plan</td> </tr> <tr> <td><input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)</td> <td><input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)</td> </tr> <tr> <td><input type="checkbox"/> State University System Optional Retirement Program (SUSORP)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan	<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)	<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____
<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan								
<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)								
<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____								
3	<p>Confirm Retiree Status</p>	<p>Are you retired from a State of Florida-administered plan? You are considered retired if:</p> <ul style="list-style-type: none"> - You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP. - You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers. <p><input type="checkbox"/> No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.</p> <p><input type="checkbox"/> Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment. If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.</p> <p style="text-align: center;">DATE _____</p>							
4	<p>Sign Here</p>	<p>By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.</p> <p style="text-align: center;">SIGNATURE _____ DATE _____</p>							

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

APPLICANT WAIVER AGREEMENT
AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize the Gulf County Clerk of Circuit Court to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history records report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set for in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I further understand that a current, valid, and unexpired photo identification will be required to verify my identity.

Signature: _____ **Date:** _____

Printed Name: _____ **Date of Birth:** _____

Address: _____

ORIGINAL – MUST BE RETAINED BY NON-CRIMINAL
JUSTICE AGENCY

✂ -----
This section SHOULD be removed prior to the selection process.

EEO SURVEY Although the following information is not mandatory, it is requested to evaluate the effectiveness of our recruiting efforts and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native
- 2 or more races

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

How did you learn about this job?

- Walk in Gulf County Clerk's Office
- Other Agency (please specify)
- Newspaper
- Clerk's Office Employee
- Internet
- Other

SEX: MALE FEMALE

DATE OF BIRTH: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____