



JOSEPH E. SMITH  
*CLERK OF THE CIRCUIT COURT*  
ST. LUCIE COUNTY, FLORIDA

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 veterans' status.

Date: \_\_\_\_\_

Are you 18 years or older \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Residential Address: \_\_\_\_\_  
Street City State/Zip code

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

Are you related to anyone who works for the St. Lucie County Clerk of the Circuit Court? \_\_\_\_\_

If yes, state name of employee, department and location of employment: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Desired Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever interviewed with the St. Lucie County Clerk of the Circuit Court? \_\_\_\_\_  
If yes, for which department? \_\_\_\_\_

Are there any days, shifts, or hours that you will not work? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

| EDUCATION | Name and Location of School | Degree/Dates Certificates | Subjects Studied | Grade Average |
|-----------|-----------------------------|---------------------------|------------------|---------------|
|-----------|-----------------------------|---------------------------|------------------|---------------|

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade, Business, or Correspondence School: \_\_\_\_\_

Other (including Graduate School): \_\_\_\_\_



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**PREVIOUS EMPLOYMENT**

List below sequentially your current and most recent employers going back for the past ten (10) years beginning with your current or most recent employer (use additional page if necessary).

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| Date<br>Month and Year | Name, Address and Telephone<br>Number of the Employer | Position and<br>Job Duties | Salary | Reason for<br>Leaving |
|------------------------|---|----------------------------|--------|-----------------------|
|------------------------|---|----------------------------|--------|-----------------------|

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From: \_\_\_\_\_

To: \_\_\_\_\_

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From: \_\_\_\_\_

To: \_\_\_\_\_

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To: \_\_\_\_\_

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From: \_\_\_\_\_

To: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT CONTINUED**

| Date<br>Month and Year | Name, Address and Telephone<br>Number of the Employer | Position and<br>Job Duties | Salary | Reason for<br>Leaving |
|------------------------|---|----------------------------|--------|-----------------------|
|------------------------|---|----------------------------|--------|-----------------------|

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Did you work for any of these employers under a different name? \_\_\_\_\_

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

Please explain any gaps in your employment history \_\_\_\_\_

Have you received any reprimands or disciplinary suspensions during any previous employment? \_\_\_\_\_

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

Have you ever been discharged or asked to resign? \_\_\_\_\_

If yes, please explain (include by whom, when and for what reason): \_\_\_\_\_

**REFERENCES:** Give below the names of three individuals not related to you, whom you have known at least one year.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
|------|---------|----------|------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**MILITARY RECORD**

Were you in the U.S. Armed Forces? \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to this office? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

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?

\_\_\_\_\_ If yes, give name of employer: \_\_\_\_\_

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) DD214 or other document showing dates of service and type of discharge.
2. Disabled Veteran – Requires (A) and (B) letter of service of connected disability for the V.A.
3. Veterans' Widow – Requires (A) and marriage and death certificates, and statement saying widow is not remarried.
4. Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to veteran, a statement that the spouse is still married at the time of application, an 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) and a letter from V.A. indicating that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD214.

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 the 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, Florida 33731. A complaint shall be filed within 21 days after notice of hiring decision. If a notice of a 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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**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 Clerk's Office to investigate all statements contained in this application and to interview the references and previous employers listed on this application. I authorize the references and previous employers listed to give the Clerk'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 Clerk'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 a medical examination. If then employed, I understand that I will be required to serve a six-month introductory period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my introductory period, at the option of either the Clerk's Office or myself. I understand that no manager or other representative of the Clerk's Office other than the Clerk of Court has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Clerk's Office to submit to a urinalysis or other drug 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 employment, or if I am the employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

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Signature of Applicant

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Date