



CLAY COUNTY BOARD OF COUNTY COMMISSIONERS
HUMAN RESOURCES DEPARTMENT

EMPLOYMENT APPLICATION

P.O. Box 1366, 477 Houston Street
Green Cove Springs, Florida 32043

TEL: (904) 278-4719

FAX: (904) 278-3616

www.claycountygov.com

OFFICE USE ONLY

DATE OF APPLICATION	POSITION YOU ARE APPLYING FOR:	ACTION	BY

Please indicate the specific position. "Any" is not acceptable. The specific position must be currently open (advertised) to apply.

READ CAREFULLY: Please print or type using BLUE or BLACK ink. Complete all items. Incomplete or unsigned applications will not be processed. A resume can be included but the information requested in this application must be provided in full.

Applicants with disabilities may contact the Human Resources Department to request the accommodation needed to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The Clay County Board of County Commissioners is an equal opportunity employer and will not discriminate, against any employee or applicant in any manner prohibited by law.

NAME IN FULL: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ ALTERNATE: _____ BEST TIME TO CALL: _____

May we contact you at work: Yes No If yes, work #: _____ BEST TIME TO CALL: _____

Are you lawfully eligible to work in the United States? Yes No (Verification of eligibility will be confirmed upon employment)

Have you had prior service with the Florida Retirement System? Yes No

If you have retired from the **Florida Retirement System** within the last 12 months, you **MUST** notify the Clay County Board of County Commissioners Human Resources Department prior to accepting any position to avoid repaying FRS for monies already received. You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SSUSORP, or SMSOAP).

Do you have a valid Driver's License? Yes No

If yes, State: _____ Type: _____

Is your driver's license currently restricted, suspended, or expired? Yes No

If yes, please explain: _____

Have you pleaded "no contest" to, or have been convicted of a felony? Yes No

If yes, explain fully on a separate sheet of paper. Conviction of a crime alone typically will not disqualify you from employment. Factors to be considered include nature of crime, remoteness in time, rehabilitation, etc.

Have you ever been employed by Clay County? Yes No

If YES, when and in what capacity and department? _____

Do you have any relatives working for Clay County? Yes No

If yes, give name, relationship and department where they work: _____

Have you ever been discharged / fired from employment? Yes No

Please explain: _____

Military Service:Have you ever been a member of the United States Armed Services? Yes No

If yes, Branch: _____ Entry Date: _____

Type of Discharge: _____ Discharge Date: _____

Do you wish to assert Veteran's Preference? Yes No In order to be given for Veteran's Preference consideration, you must complete and submit a copy of your DD-214 and the Application for Veteran's Preference enclosed in this application.**EDUCATION****Circle Highest Level Completed****GRADE SCHOOL OR HIGH SCHOOL**
1 2 3 4 5 6 7 8 9 10 11 12**COLLEGE**
1 2 3 4**GRADUATE SCHOOL**
1 2 3 4

<u>SCHOOLS</u>	<u>NAME AND ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED (GIVE MONTH AND YEAR)</u>		<u>ANSWER BELOW FOR EACH SCHOOL TO THE HIGHEST LEVEL COMPLETED</u>				
HIGH SCHOOL				DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, DO YOU HAVE A G.E.D. EQUIVALENCY CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ISSUED BY _____				
COLLEGE OR UNIVERSITY		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR _____	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED	
					MINOR _____			TYPE
GRADUATE STUDIES		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR _____	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED	
					MINOR _____			TYPE
VOCATIONAL/ BUSINESS		FROM	TO	HOURS PER WEEK		MAJOR STUDY		

Specialized Skills

Please list any pertinent skills or knowledge that you may have (computer software, office machines you can operate, machinery or heavy equipment you can or have operated; professional or occupational licenses you hold; mechanical, electrical, construction tools/ equipment, etc.) Be very specific:

Office Machines:	
Computer Software:	
Machinery/ Heavy Equipment:	
Professional / Occupational Lic.	

Work History

Describe any employment or occupation you have had, including experience in the armed forces and volunteer work. Begin with your present or most recent employment in Block A. Count each promotion as a separate job. Be sure to include all relevant details. Use a separate sheet, if necessary. **DO NOT LEAVE BLANK AND DO NOT STATE "SEE RESUME"**. A resume may be attached but will not be accepted in lieu of the application.

May we contact your current employer: Yes No If no, when may we contact? _____

A	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE		REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL					
B	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE		REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL					
C	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE		REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL					
D	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE		REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL					

E NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				

Pursuant to Chapter 119, Florida Statutes – Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person. All social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

APPLICATION MUST BE SIGNED IN ORDER TO BE EVALUATED. PLEASE CHECK ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

Signature Certification and Release of Information

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Clay County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I am aware that I may be required to take and pass a physical examination which includes a drug and alcohol screening test after an offer of employment is made and employment is contingent on the result of that examination in accordance with the Americans with Disabilities Act.

I understand that this application must be completed in full. Incomplete applications may be rejected. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

APPLICANT'S SIGNATURE _____

DATE _____

FOR USE OF THE DEPARTMENT OF HUMAN RESOURCES ONLY

INFORMATION VERIFICATION:

	YES	NO		YES	NO
Personal	<input type="checkbox"/>	<input type="checkbox"/>	Employment A	<input type="checkbox"/>	<input type="checkbox"/>
Military Service	<input type="checkbox"/>	<input type="checkbox"/>	Employment B	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Employment C	<input type="checkbox"/>	<input type="checkbox"/>
Work History	<input type="checkbox"/>	<input type="checkbox"/>	Employment D	<input type="checkbox"/>	<input type="checkbox"/>
			Employment E	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Reviewer's Signature: _____

Date: _____

VETERAN'S PREFERENCE

Name In Full: _____
Last First Middle

Position applied for: _____

Are you claiming veteran's employment preference?

Yes (please complete this form) No (please sign and date this form only)

VETERAN'S PREFERENCE: Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- Veteran of a WARTIME ERA – Requires DD 214 or other document showing dates of service and type of discharge.
- Disabled Veteran – Requires DD 214 and letter of service connected disability from the V.A.
- Spouse of Veteran who died of a service-connected disability – Requires DD 214 and marriage and death certificates, statement saying not remarried.
- Disabled Veteran's Spouse – Requires DD 214 and evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of a disability.
- Permanently Disabled Veteran – Requires DD 214 indicating veteran is permanently disabled, or DD 214 and letter from V.A. indicating that the veteran is permanently disabled.

Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____

Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987?

Yes No

If yes, give the name of the employer: _____

Veteran's Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veteran's Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veteran's Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a 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 Veteran's Affairs.

I certify that I have read and understand the rights expressed in this form.

APPLICANT'S SIGNATURE _____

DATE _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Clay County is an Equal Opportunity/ Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required is requested only so we may meet our Equal Opportunity/ Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This information will be maintained separately from your application.

PLEASE SELECT THE APPROPRIATE INFORMATION FOR EACH CATEGORY:

Date of Birth: _____ Sex: Male Female

Name In Full: _____
Last First Middle

Position applied for: _____

Handicapped / Disabled: Yes No

How did you learn about this vacancy? (please check applicable source)

- County Website Advertisement (located in) _____
 Walk-In Employee Referral (name) _____
 Agency (specify) _____ Other (source) _____

ETHNICITY: (check one)

- WHITE (not of Hispanic origin)
 BLACK (not of Hispanic origin)
 HISPANIC
 ASIAN OR PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE

Applicant's Signature: _____ Today's Date: _____