

Brenda D. Forman, Clerk
 Circuit & County Courts
 201 Southeast 6th Street, Room 18140
 Fort Lauderdale, FL 33301
 www.browardclerk.org
 954-831-7234

FOR OFFICIAL USE ONLY
WPM _____
KPH _____

DATE: _____ / _____ / _____
 Month Day Year

APPLICATION FOR EMPLOYMENT

It is the policy of the Broward County Clerk of Courts to abide by all anti-discrimination laws provided for by Federal, State, and local statutes and regulations, as well as to provide and promote equal employment opportunities for all applicants and employees. It is also our policy and practice to hire, train, promote, compensate, and administer all employment practices without regard to race, color, sex, age, marital status, religion, veteran status, national origin, medical or genetic condition or disability unrelated to the ability to perform the essential functions of the job.

The Clerk is committed to complying with the Americans with Disabilities Act. If you believe you need a reasonable accommodation in order to apply for or to complete an application due to the fact that you have a disability, please notify the Clerk's Office within three (3) days of your application. Specify your specific needs so that the Clerk can assist where appropriate. The Clerk's Office reserves the right to require an applicant to furnish documentation from an appropriate professional confirming the disability or functional limitations.

LOCATION PREFERRED:		POSITION PREFERRED:	
<input type="checkbox"/> Fort Lauderdale <input type="checkbox"/> Hollywood <input type="checkbox"/> Plantation <input type="checkbox"/> Deerfield		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
1. LAST NAME:		FIRST NAME:	
		M.I.:	
2. POSITION APPLYING FOR:		3. LOWEST ACCEPTABLE SALARY:	
		\$ _____ per year	
4. DATE AVAILABLE:			
5. SOCIAL SECURITY NUMBER:		6. TELEPHONE NUMBER:	
XXX—XX— _____		7. E-MAIL ADDRESS:	
8. DRIVER'S LICENSE NUMBER:		STATE:	
		EXPIRATION DATE:	
		CLASS:	
		<input type="checkbox"/> Operator	
		<input type="checkbox"/> Chauffer	
9. PRESENT ADDRESS:			

Street City State Zip			
How long have you lived at the present address? Years: _____ Months: _____			
10. HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING?			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Human Resources <input type="checkbox"/> Florida State Agency <input type="checkbox"/> Clerk of Court Employee <input type="checkbox"/> Career Fair			
<input type="checkbox"/> College (Name: _____) <input type="checkbox"/> Clerk Website			

11. **EDUCATION & SPECIAL TRAINING:** High School Diploma: Yes No GED

Date high school diploma or GED received (if applicable): _____

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of last high school attended: _____

Name

City

State

12. LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC):

Name and Location	Dates Attended From To	Total Months Completed	Courses or Subject Taken	Certificate Awarded/ other Information

13. LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and Location	Dates Attended From To	Total Months Completed	MAJOR/MINOR	DEGREE AWARDED

14. **EMPLOYMENT HISTORY:** List your last three (3) jobs. Major changes in duties or job titles with the same employers should be listed as separate jobs. Start with your present or most recent position and work back. Be specific; all or part of your rating may depend on the information you provide. If additional space is needed, please attach a separate sheet. Attach your resume to this packet, if you have one.

May we contact your present employer regarding your record of employment? Yes No

(Job 1) Present or Most Recent Job

FROM	TO	TOTAL TIME

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisors Name and Title _____

Reasons for Leaving Position _____

Specific Duties _____

(Job 2) Present or Most Recent Job

FROM	TO	TOTAL TIME

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisors Name and Title _____

Reasons for Leaving Position _____

Specific Duties _____

(Job 3) Present or Most Recent Job

FROM	TO	TOTAL TIME

Hours per Week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisors Name and Title _____

Reasons for Leaving Position _____

Specific Duties _____

15. **Specific Skills:** Do you have skills in the following? (Check all that apply.)

- 10 Key Calculator—Sight Touch
- Data Entry Computer Input Devices Speed _____
- Typewriter—Speed _____
- Word Processing: Speed _____

What software are you familiar with? _____

ANSWER ALL ITEMS AND CHECK INFORMATION WITHIN EACH BLOCK.

16. Have you ever been employed by the Clerk of Courts? If yes, provide dates of employment: _____
 Reason for leaving: _____

17. Are you related to any Clerk employee, or is any Clerk employee a member of your household? _____ If "yes," provide name, relation, and employing division: _____

NOTE: All applicant provided with a conditional offer of employment will be subject to a criminal history records check. An affirmative answer to the question below does not constitute an automatic bar to employment.

18. Have you ever been convicted of a felony or first degree misdemeanor? If yes, please explain in detail the facts relative to the conviction, including the nature of the offense, disposition of the case, and court and date. A "yes" answer will not disqualify an applicant for consideration for a job; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying.

19. **REFERENCES:** List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone Number	Years Known

IMPORTANT—PERSONS SELECTED FOR EMPLOYMENT MUST:

- Be able to provide all required documentation verifying employment eligibility;
- Take an oath or affirmation of allegiance (Loyalty Oath, Florida Statutes 876.05) upon being employed;
- Submit to a drug screening prior to an official job offer;
- Disclose any pending charges or involvement in litigation before and during employment;
- Persons selected may be requested to pass a physical examination by a licensed physician or medical examiner.

APPLICANT CERTIFICATION—READ CAREFULLY BEFORE SIGNING

I authorize any person, school, current or past employer (except as previously noted), listed references and organizations named in this application and/or accompanying resume, to provide the Clerk's Office with relevant information that may be useful in making a hiring decision. I release such persons and organizations and the Clerk's Office from any legal liability in making and receiving such statements. I understand that, if employed, any false information or misrepresentations made on this application or during the interview process may be considered sufficient cause for denial of employment or dismissal if I am hired.

In consideration of my employment by the Clerk, I agree to conform to the Clerk's rules and regulations and to perform any work which may be considered necessary by the Clerk and to take physical or other examinations when required and as permitted by law. I also understand and agree that nothing in this application or in any prior oral or written statements is intended to create any contract of employment for any term and that the Clerk is not obligated to hire me.

 Applicant Signature

 Date



BROWARD COUNTY CLERK OF COURTS VETERAN'S PREFERENCE ELECTION FORM¹

By completing this form, you are requesting Veteran's Preference in accordance with Florida Statutes and the Florida Administrative Code. Required documentation is listed on the back of this form. **You cannot be considered for Veteran's Preference without submitting this form and the required documentation with your application.**

NAME (Print)

DATE

Place a check mark by the category(s) that apply to you:

- (1a) Disabled veterans who have served on active duty in any branch of the Armed Forces and have a presently existing service-connected disability which is compensable under public laws administered by the Veterans Administration.
- (1b) Disabled veterans who have served on active duty in any branch of the Armed Forces and are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration or Department of Defense.
- (2a) The spouse of any person who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment, or (2b) the spouse of any person who is 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.
- (3) A "wartime" veteran (as defined by Florida Statutes Section 1.01[14] per 55A-7.003 of the Florida Administrative Code)
▪ Please state applicable war(s) and date(s):

- (4) The unremarried widow or widower of a veteran who dies of a service-connected disability.
- (5) A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or the global war on terrorism medal).
- (6) A current member of any reserve component of the United States Armed Forces or the Florida National Guard [section 295.07(1)(g), F.S.].

¹ In accordance with Florida Administrative Code, 55A-7.008, *Persons Eligible for Appointment and Retention Preference*.

- The mother, father, legal guardian, or unremarried widow/widower of a member of the U.S. Armed Forces who dies in the line of duty under combat related conditions, as verified by the U.S. Department of Defense [section 295.07(1)(e), F.S.].

Required documentation for veteran's preference application:

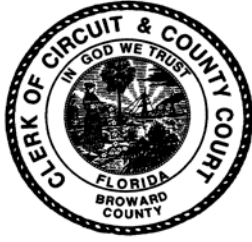
- (a) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as a DD-214 or military discharge papers, or equivalent certification from the Veterans Administration, listing military status, dates of service and discharge type.
- (b) Disabled veterans shall also furnish a document from the Department of Defense, the Veterans Administration, or the Division of Veteran's Affairs certifying that the veteran has a service-connected disability.
- (c) Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veteran Affairs; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.
- (d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcible detained or interned in line of duty by a foreign government or power, such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
- (e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying that service-connected death of the veteran, and shall further evidence of marriage and a statement that the spouse is not remarried.

NOTE: All documents provided must clearly indicate that they are copies of originals.

NAME (Print)

SIGNATURE

DATE



BRENDA D. FORMAN

CLERK OF CIRCUIT AND COUNTY COURTS

17TH JUDICIAL CIRCUIT

Equal Employment Opportunity Information Form

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: _____ Female _____ Male

Race/Ethnic Categories (check one)

_____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Samoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **OTHER (Specify)**: _____

(OPTIONAL) If you are handicapped or disabled, please specify:
