



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, Drug-free Workplace and Veterans' Preference employer

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We consider applicants for all positions without regard to race, color, gender, marital status, religion, creed, national origin, political opinions or affiliations, the presence of a non-job related medical condition or disability, veteran status, or any other legally protected status. The information requested on this application is required by law and/or by the Volusia County Clerk's personnel rules and regulations and is necessary to be evaluated for employment with the Clerk's Office. In accordance with the Americans with Disabilities Act (ADA) we provide reasonable accommodation upon request. **Drug-Free Workplace Policy:** In accordance with F.S Section 112, the Volusia County Clerk's is a drug-free workplace. Employees may be required to submit to testing for the use of illegal substances at any time for: (1) reasonable suspicion: (2) post-accident: (3) return to duty: and (4) follow up on routine fitness for duty. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment.

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### APPLICANT FACT SHEET

#### SUBMITTING YOUR APPLICATION

Applications for employment with the Clerk of the Courts office are accepted during regular business hours, Monday through Friday. All applications are kept on file for six (6) months and are reviewed for all vacant positions for which an applicant is qualified. If you are applying for a position requiring a specific license, certification or typing speed verification, a copy (not the original) of the required document must be submitted with the application. If you need assistance in scheduling a required typing test, please ask our personnel department. Failure to include copies of required documents will remove your application from consideration for any vacant position for which you may qualify.

#### PROCESSING YOUR APPLICATION

All applicants on file are reviewed for the posted minimum qualifications. If your application reflects that you meet minimum qualifications, the department selects the most qualified applicants and interviews are scheduled. Only those applicants who are interviewed will be notified of the results of the selection process.

#### PROOF OF CITIZENSHIP AND EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act require 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 need to submit the required documentation on your first day of employment. No one will be allowed to begin working unless the original documents are submitted to the Personnel Office for verification.

#### GENERAL INSTRUCTIONS

**NOTICE:** All questions must be answered. If a question is not applicable, state by indicating N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size onto this application, and number answers to correspond with questions. Please be specific when completing application to insure all information is complete, true and correct. Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal. A separate application must be submitted for each vacancy. Photocopies are acceptable. All information is subject to verification. Volusia County hires only U.S. citizens and lawfully authorized alien workers. If you need assistance completing this application, please call our office at 386-822-5753. If claiming Veterans' Preference, complete the Veterans Preference Section. All males between the ages of 18 and 21 must be registered with the Selective Service System or exempted. All Applications are retained for two years. Your application must be received by our office by the close of business on the closing date.

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**EMPLOYMENT DESIRED:** (Type or print legibly in black or blue ink only.)

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_

Minimum Salary Requirement: \_\_\_\_\_

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

**APPLICANT INFORMATION:** This application must be completed in entirety and signed. Please indicate N/A (not applicable) in any section that does not apply. A resume may be attached, but **does not** substitute for a fully completed application. **Unsigned or incomplete applications will not be considered.** Include with your application all documentation supporting that you meet the minimum requirements of the position.

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

Name: \_\_\_\_\_ Are you 18 years or older? \_\_\_ Yes \_\_\_ No. If  
 Last First Middle  
 under 18, do you have a work permit?\*

Present Address: \_\_\_\_\_  
 Street City State Zip

Permanent Address: \_\_\_\_\_  
 Street City State Zip

Phone # \_\_\_\_\_ Referred by: \_\_\_\_\_

Please note: You may be required to provide us a copy of an advanced degree.

**EDUCATION**

High School (or date GED completed)	Highest Grade Completed	Diploma? (Yes/No)	GED or Equivalency
Name of High School:			
Location (City & State):			
Your name, if different than on application:			

Name of College/University/ Professional School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major	Degree	Date Awarded (Month/Year)
		To	From				
Your name, if different than on application:							

Name of Technical/ Vocational/ Military School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major	Degree	Date Awarded (Month/Year)
		To	From				
Your name, if different than on application:							



**LAURA E. ROTH**  
 CLERK OF THE CIRCUIT COURT

SEVENTH JUDICIAL CIRCUIT - VOLUSIA COUNTY  
 P.O. BOX 6043 DELAND, FLORIDA 32721-6043 - WWW.CLERK.ORG

**RELATIVES EMPLOYED BY VOLUSIA COUNTY CLERK OF THE CIRCUIT COURT:** If related to anyone who works for, or has worked for the Clerk, please state Name, Department and Location:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD:**

Is your license now or has it ever been suspended or revoked?  Yes  No. If yes, what year? \_\_\_\_\_ In what state? \_\_\_\_\_  
 Why? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime?  Yes  No. If yes, give details (date, place, offense(s), disposition, etc): \_\_\_\_\_

Have you ever been charged with a crime and/or either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No. If yes, give details (date, place, offense(s), disposition, etc): \_\_\_\_\_

Have you ever been arrested or indicted?  Yes  No. If yes, give details (date, place, offense(s), disposition, etc): \_\_\_\_\_

Have you ever been employed by the Volusia County Clerk of Circuit Court?  Yes  No. If yes, dates  
 What Department? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**EMPLOYMENT RECORD:**

Are you currently employed?  Yes  No. If yes, may we contact your current employer?  Yes  No.  
 If Yes,  At any time  Only if I am a finalist

Starting with your current or last job, discuss all periods of employment, including self-employment, military service and volunteer work. Please account for all periods of unemployment. Use additional sheets, if necessary. **NOTE: A resume of your employment record will not be accepted in lieu of the requested information, although you may include a resume as a supplement to the application.**

Date: Month & Year	Name, Address & Phone	Position/Duties	Reason for Leaving
From: To:			
From: To:			
From: To:			

Did you work for any of these employers under a different name: \_\_\_\_ Yes \_\_\_\_ No. If yes, which employer(s) and under what name(s)? \_\_\_\_\_

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

Have you ever been discharged or terminated from employment? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain: \_\_\_\_\_

**Note:** Answering "yes" to any of the questions in the section above may not necessarily disqualify you from consideration for employment with the Volusia County Clerk of Courts. Each explanation is evaluated in relation to the position for which you are applying.

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year. Business references are preferred.

Name	Address	Phone Number	Occupation	Years Acquainted
1.				
2.				
3.				

**MILITARY:**

Have you ever served in the Military? \_\_\_\_ Yes \_\_\_\_ No. If yes, which Branch? \_\_\_\_\_

Entry Date: \_\_\_\_\_ Release Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Special Training/Skills: \_\_\_\_\_

I attest, under penalty of perjury that I am (check one of the following):

\_\_\_\_ A citizen or national of the United States \_\_\_\_ A Lawful Permanent Resident (Alien # A \_\_\_\_\_)



**VETERAN'S PREFERENCE CERTIFICATION:**

In accordance with Chapter 295 of the Florida Statutes, the Clerk's office gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria. Such preferences will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by the Clerk's office. Any applicant claiming veterans' preference for vacant position, who is not selected, may file a complaint with the Department of Veterans Affairs: P.O. Box 1437, St. Petersburg, Florida 33731. This complaint must be filled within twenty- one (21) days of notice of the hiring decision.

**DO YOU CLAIM VETERAN'S PREFERENCE? YOU MUST ATTACH PROOF (i.e. DD214) TO CLAIM PREFERENCE.**

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.

(f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(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 \_\_\_\_\_@\_\_\_\_\_ or \_\_\_\_\_, if you have any questions.

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

\_\_\_\_\_  
**Printed Name**

**Certification of Unremarried Widow or Widower**

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

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**To be completed by Unremarried Widow or Widower:**

I certify that I, \_\_\_\_\_, was married to \_\_\_\_\_,  
a member of \_\_\_\_\_ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

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

**Signature of Widow or Widower**

Printed name: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

Address: \_\_\_\_\_

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**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_



**Certification of Current Member of  
Reserve Component of the United States Armed Forces  
Or The Florida National Guard**

**To be completed by your IMMEDIATE MILITARY SUPERVISOR:**

I certify that \_\_\_\_\_ is a current member of  
\_\_\_\_\_ (branch) **Reserve Component of the United States Armed Forces or The  
Florida National Guard** (circle one) and is in "Honorable" standing as of this date.

\_\_\_\_\_  
Signature of Immediate Military Supervisor      Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Printed Name and Rank      \_\_\_\_\_  
Military Supervisor's Telephone Number

**To be completed by APPLICANT:**

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably. In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of \_\_\_\_\_, honorably serving, that I  
intend to continue my military service, and that the following information is accurate:**

Address: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Current Member

\_\_\_\_\_  
Printed Name

**Please read Carefully Before Signing**  
**APPLICANT'S CERIFICATION AND AGREEMENT**

**I UNDERSTAND** and agree that, except as specifically prohibited by the state law or County ordinance or regulation, all Volusia county Clerk of the Circuit Court policies and procedures may be modified, amended or deleted by the Volusia County Clerk of the Circuit Court at its option; that the policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the Volusia County Clerk of the Circuit court at any time with or without cause.

**I CERTIFY** that all information given on this employment application, related employment papers and all interviews are true, complete and correct. I understand that the Volusia County Clerk of the Circuit Court may make a thorough investigation of my character, reputation, past employment and verification of the information I provided on the employment application, résumé, related application materials and verbally to Volusia County Clerk of the Circuit Court personnel. I authorize the giving and receiving of any such information requested by the Volusia County Clerk of the Circuit Court (including financial and credit records)\* and hereby relieve and release all former employers and their agents of any liability for any information they developed or not against the Volusia County Clerk of the Circuit Court or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the following information received pursuant to or in connection with the Volusia County Clerk of the Circuit Court handling processing, investigation, etc., of my application for employment with the Volusia County Clerk of the Circuit Court.

**I AGREE** that if the Volusia County Clerk of the Circuit Court employs me, a future potential employer may contact the Volusia County Clerk of the Circuit Court or its representatives concerning my work record and my work performance at the Volusia County Clerk of the Circuit Court. I hereby consent to and authorize persons employed by the Volusia County Clerk of the Circuit Court to divulge any and all information they consider relevant to any persons representing themselves to be an employer or potential employers of mine with respect to my record and/or performance of my job at the Volusia County Clerk of the Circuit Court. I understand that all information provided herein is public record and is subject to review upon request.

**I AGREE** to submit to pre-employment testing to determine the presence or absence of alcohol or unlawful drugs in my body under any policies the Volusia County Clerk of the Circuit Court has in effect on the subject at the time testing is required.

**I AGREE** to pre-employment testing if requested and I understand that failure to meet any job-related medical and/or health requirements for the position may prevent employment by the Volusia County Clerk of the Circuit Court. I understand if given a conditional offer of employment, I may be required to complete a post job offer medical questionnaire and/or undergo a medical examination. If required, all incoming employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**I UNDERSTAND** that all employees who do not have a written employment contract are employed at the will of the Volusia County Clerk of the Circuit Court and that all offers of employment are contingent upon successful completion of all background investigation; which may include, but are not limited to, employer and no employer references, criminal record history, driver's license check, pre-employment drug testing, a medical history questionnaire and/or medical examination, and education and/or professional certification verification. I understand that falsification of any information so given or other derogatory information discovered during this investigation may result in no consideration to immediate termination of employment.





**LAURA E. ROTH**  
CLERK OF THE CIRCUIT COURT

SEVENTH JUDICIAL CIRCUIT - VOLUSIA COUNTY  
P.O. BOX 6043 DELAND, FLORIDA 32721-6043 - WWW.CLERK.ORG

**I UNDERSTAND** that the Volusia County Clerk of the Circuit Court will not tolerate sexual and other forms of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand the unlawful harassment is ground for disciplinary action up to and including immediate dismissal.

**I AGREE** that should I become an employee of the Volusia County Clerk of the Circuit Court upon termination of employment, I shall return all Clerk of the Circuit Court property.

**I AGREE** to all if the above provisions.

**\*Note:** The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

Applicant Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

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**PERMISSION TO RELEASE INFORMATION**

I, \_\_\_\_\_ do hereby authorize \_\_\_\_\_,  
(Name of Applicant) (Name of College/University)

to provide a copy of all of its records concerning my education to the Volusia County Clerk of Circuit Court's office.

I hereby release \_\_\_\_\_, its employees, agents, directors,  
(Name of College, University)

Shareholder's and related entities from any and all claims I may have arising out of the furnishing of such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

# Volusia County Clerk Of Circuit Court

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## RELEASE OF BACKGROUND INFORMATION

In accordance with applicable state laws, you are hereby notified that the Volusia County Clerk of Circuit Court will request that a criminal background check/motor vehicle report be prepared for the purpose of evaluating your application. You are further notified that said checks may, from time to time, be conducted for the purpose of evaluating your employment, promotion, reassignment or retention as an employee.

I hereby authorize the Volusia County Clerk of Circuit Court and/or its agent to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public or private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment. I further understand that the results received may bar me from certain positions with the Clerk of Circuit Court.

I release the Volusia County Clerk of Circuit Court and /or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all the above referenced sources. I understand this Authorization is to be part of the written employment application which I sign.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

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

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### FOR HUMAN RESOURCES USE ONLY

**BACKGROUND CHECK DONE ON:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**RESULTS:** \_\_\_\_\_

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**\*NOTE:** The above information is required for identification purposes only, with the intended use and purpose of conducting pre-employment background checks. The Volusia County Clerk of Circuit Court is an Equal Opportunity Employer and does not discriminate on a basis of Sex, Race, Religion, Age, Handicap or National Origin.



**Equal Employment Opportunity Reporting and Research**

The information requested on this form regarding race and sex is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as to meet the reporting requirements of those laws. Your cooperation in voluntarily giving the information is important to the success of our Equal Employment Opportunity programs.

This EEO Reporting and Research Form will be kept **SEPARATE from your employment application. It WILL NOT be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes.** Refusing to provide this information will not subject you to adverse treatment.

**PLEASE PRINT**

<b>Name:</b>	<b>Date:</b>
<b>Position Applied for (list only one):</b>	
<p><b>1. What race / ethnicity do you consider yourself to be? (Check only one)</b></p> <p><input type="checkbox"/> <b>White:</b> (Not of Hispanic Origin) all persons having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> <b>Black or African American:</b> (Not of Hispanic Origin) all persons having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> <b>Hispanic or Latino/a:</b> all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race</p> <p><input type="checkbox"/> <b>Asian or Pacific Islander:</b> all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa</p> <p><input type="checkbox"/> <b>American Indian or Alaskan Native:</b> all persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition</p> <p><input type="checkbox"/> Other: if other, Please Specify: _____</p>	<p><b>2. What is your gender?</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<input type="checkbox"/> I do not wish to Self-Identify	

**Special Skills or Knowledge:** Please indicate the level of competency you have in each area

GENERAL				
Alpha/Numeric Filing	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Typing Skills: _____ W.P.M.	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Cashier	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Data Entry	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Customer Service	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

SPECIALIZED									
Accounting	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
Budget/Audit	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
Court Proceedings	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
Scanning	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
COMPUTER									
Network(LAN/WAN) Support	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
PC/Help Desk Support	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
COMPUTER SOFTWARE									
Word	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
Excel	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
Outlook	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced					
OTHER QUALIFICATIONS									
List and describe any additional Computer/ Software/ Typing skills/ Office machines (i.e. copier, fax, etc.) experience you have:									
List any exceptional qualifications and skills including certifications state recognized/special licenses, memberships in professional organizations or societies. List scholarships, fellowships, honors, etc. (You may omit any organizations or activities that would divulge race, age, ethnic origin or religious affiliation):									
Do you know a Foreign Language(s)? (Other than English, including Sign Language) <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, specify below Language(s) ▼	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>