

**Diane M. Matousek**  
**Clerk of the Circuit Court**

**Employment Application**  
*Equal Opportunity Employer*

**Instructions:** Download and save this application to a file. Using Adobe, complete the application in its entirety. Once completed, submit your application as an attachment by e-mail to: [humanresources@clerk.org](mailto:humanresources@clerk.org). All information submitted is subject to verification.

The Clerk of the Circuit Court does not discriminate on the basis of race, national origin, color, sex, age, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Hours desired:  Full-time (37.5 hrs/wk)  Part-time (less than 30 hrs/wk)  Student (less than 30 hrs/wk)

Location preferred:  DeLand  Daytona Beach  New Smyrna Beach

I will travel and/or drive a vehicle, if required:  Yes  No

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

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

Date available for work: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you a U.S. citizen or are you legally authorized to work in the United States?  Yes  No

If hired, you will be required to produce proof of eligibility to work in the United States and your information will be verified in the federal E-Verify database.

Have you ever been employed by the Clerk of the Circuit Court?  Yes  No If Yes, when? \_\_\_\_\_

Are any members of your family or relatives employed by this office?  Yes  No If Yes, please give name and relationship: \_\_\_\_\_

**Veteran's Preference and Eligibility:**

Are you applying for veteran's preference?  Yes  No Branch of Service: \_\_\_\_\_

Dates of service from \_\_\_\_\_ to \_\_\_\_\_ Honorable Discharge?  Yes  No

Documentation substantiating your claim of veteran's status must be furnished when you submit your application. Such documentation may include your DD-214, military discharge papers, and/or letters establishing eligibility to receive disability compensation. **Please attach copies of documentation to this application.**

**Veteran's Preference and Eligibility (Continued):**

Have you ever been employed by this agency or any State of Florida government agency using veteran's preference?  
 Yes     No    If yes, name the employer: \_\_\_\_\_

If applying for Veteran's Preference, please check one:

- A veteran with a service-connected disability who is eligible for/or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
- A spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- A veteran who has served on an active duty for one day or more and who was honorably discharged from the U.S. Armed Forces, if such duty was performed during a wartime period defined by law, excluding active duty for training.
- The un-remarried widow or widower of a veteran who died of a service connected disability.

**Education and Training:**

Do you have a high school diploma?  Yes  No    General Equivalency Diploma?  Yes  No

Please list any licenses or certificates you currently hold (Professional, Technical, etc.): \_\_\_\_\_

College/University/Business or Trade School	Location	Dates of Attendance	Type of Degree or Certification Received/Field of Study	Date Received

**Employment History:** Please list all employment beginning with your current or last employer first.

Previous Employer: _____	Title: _____
Address: _____	
Phone #: _____	Supervisor's Name: _____
Dates of Employment: _____ to _____ Hours worked per week: _____	
Starting Salary: _____ Ending Salary: _____	
Duties Performed: _____	
Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed name, if different from the one on this application: _____	

**Employment History (Continued):**

Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No  
Employed name, if different from the one on this application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No  
Employed name, if different from the one on this application: \_\_\_\_\_

**Character References:** Please list three (3) references not related to you.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Special Skills or Knowledge:** Please check 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: _____ <b>W.P.M.</b> | <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 |
| 10 Key Calculator                  | <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: _____ | <input type="checkbox"/> None | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| _____        | <input type="checkbox"/> None | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |

**What languages do you read or speak fluently?** \_\_\_\_\_

Have you ever received any traffic citations?  Yes  No If Yes, please explain: \_\_\_\_\_

Have you ever been convicted, pleaded guilty or nolo contendere to a misdemeanor or felony?  Yes  No  
If Yes, please explain for what, where, and when: \_\_\_\_\_

Are you or a family member currently involved in any civil or criminal litigation?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please note, a "Yes" answer does not automatically disqualify you as an applicant

**Application Certification:**

**Name:** \_\_\_\_\_

I certify that the information provided in this application is complete and true to the best of my knowledge. I understand that deliberate falsification of this information may be grounds for my disqualification from employment or termination from my employment with the Clerk of the Circuit Court. I authorize the Clerk of the Circuit Court to verify and examine any and all records of employment and criminal background information via records contained in local, state, or national law enforcement agencies or past employers. I further authorize the release of such information. I agree to comply with all the Clerk of the Circuit Court's rules and regulations.

This application will remain active for up to one (1) year. Any applicant wishing to be considered for employment beyond one (1) year should reapply.

**Check here if you wish to certify this application. A certification is equivalent to your signature and is required when submitting applications electronically.**