WALTON COUNTY CLERK OF COURTS & COUNTY COMPTROLLER

APPLICATION FOR AT-WILL EMPLOYMENT

P.O. BOX 1260, DEFUNIAK SPRINGS, FL 32435 ♦ FAX (850) 892-8524 ♦ PHONE (850) 892-8115

We are proud to be an Equal Employment Opportunity, Drug-Free Workplace and Veterans' Preference employer.

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 Walton County Clerk & Comptroller'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 Walton County Clerk & Comptroller's Office is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) 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.

Position(s) applying for: (Type or print legibly in black or blue ink only.)

_____ **Check ONLY one: Full time** ☐ **/ Part time** ☐

Position title

Date: _____/_____/_____ **Date you can begin work:** _____/_____/_____

Do you intend to provide notice to your current employer? Yes ☐ **/ No** ☐

APPLICANT INFORMATION:

This application must be completed in its entirety and signed. Please indicate N/A (not applicable) in any section that does not apply. A résumé 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.

_____ _____ _____

Last Name **First Name** **MI**

_____ _____

Home address (number and street) **Mailing address (if different than home address)**

_____ _____ _____ _____

City **County** **State** **Zip Code**

Home Phone ( ) _____ **Business ( )** _____ **Cell ( )** _____

Email address _____ **Are you legally eligible for employment in the U.S.? Yes** ☐ **/ No** ☐

Do you have a valid driver license? Yes ☐ **/ No** ☐**; Check Class A** ☐ **/ B** ☐ **/ C** ☐ **/ E** ☐

Have you ever been convicted of a crime other than a minor traffic violation?	**Yes**	☐	**No**	☐
Are you currently under arrest pending trial or adjudication?	**Yes**	☐	**No**	☐
Have you ever committed a crime for which you were not arrested or convicted?	**Yes**	☐	**No**	☐
Have you ever pled nolo contendere (no contest) to a crime?	**Yes**	☐	**No**	☐
Has a court ever withheld adjudication after you were charged with a crime?	**Yes**	☐	**No**	☐
Are you currently using illegal drugs?	**Yes**	☐	**No**	☐

If you answered "yes" to any of the questions in the section above, attach an additional page(s) to this application explaining the circumstances.

Note: Answering "Yes" to any of the questions above may not necessarily disqualify you from consideration for employment with the Walton County Clerk & Comptroller. Each explanation is evaluated in relation to the position for which you are applying.

EDUCATION:

High School	Highest grade completed	Diploma? (yes/no)	GED or Equivalency (circle one)
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 To	From	Hours earned	Course of study or major (ex: Bus. Mgmt.)	Degree (AA, AS, BS, MS, PhD…)	Date awarded (Month/year)
Your name, if different than on application:							

Name of technical / vocational / military school	Location (City & State)	Dates attended To	From	Hours earned	Course of study or major (ex: Bus. Mgmt.)	Degree (AA, AS, BS, MS, PhD…)	Date awarded (Month/year)
Your name, if different than on application:							

List any current licenses, registrations or certifications	License, registration or certification number	Date received	Date expires

KNOWLEDGE / SKILLS / ABILITIES (KSAs): List KSAs you possess and believe relevant to the position you seek (technical, clerical, trade, etc.). Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic/intermediate/expert). Also, please include any foreign languages and level of ability.

PROFESSIONAL REFERENCES: List three professional references (do not include friends or relatives).

Name	Occupation	Complete address Number, street, city, state, zip	Phone #	Years Acquainted
1.				
2.				
3.				

WORK HISTORY: Begin with your current or most recent employer and provide your **complete** work history. If you held multiple positions with the same organization, detail each position separately. Attach additional pages as necessary. **Applications indicating "See attached résumé"** ***will not*** **be considered.**

From:	**To:**	**Employer Name:**
Title:		**Employer Phone #:**
Supervisor's Name & Title:		**Employer Address:**
Last salary:		**Primary Responsibilities:**
Reason for Leaving:		
May we contact your present /last employer?		**At any time** ☐ **Only if I am a finalist candidate** ☐

From:	**To:**	**Employer Name:**
Title:		**Employer Phone #:**
Supervisor's Name & Title:		**Employer Address:**
Last salary:		**Primary Responsibilities:**
Reason for Leaving:		

From:	**To:**	**Employer Name:**
Title:		**Employer Phone #:**
Supervisor's Name & Title:		**Employer Address:**
Last salary:		**Primary Responsibilities:**
Reason for Leaving:		

WORK HISTORY, *cont….*

From:	**To:**	**Employer Name:**
Title:		**Employer Phone #:**
Supervisor's Name & Title:		**Employer Address:**
Last salary:		**Primary Responsibilities:**
Reason for Leaving:		

From:	**To:**	**Employer Name:**
Title:		**Employer Phone #:**
Supervisor's Name & Title:		**Employer Address:**
Last salary:		**Primary Responsibilities:**
Reason for Leaving:		

Have you ever been discharged or asked to resign from any previous employment? **Yes** ☐ **No** ☐

Have you received disciplinary action from your current or last employer within the last 12 months? **Yes** ☐ **No** ☐

If you answered "yes" to any of the questions in the section above, attach an additional page(s) to this application explaining the circumstances.

Note: Answering "Yes" to any of the questions above many not necessarily disqualify you from consideration for employment with the Walton County Clerk & Comptroller. Each explanation is evaluated in relation to the position for which you are applying.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I certify that all statements made in this application are true. I further acknowledge that if the Walton County Clerk of Courts & County Comptroller employs me, any misstatements of fact contained in this application or supporting documents may be cause for termination. [*Under Florida's Government-in-the-Sunshine Law, applications for employment with a public agency (such as the Walton County Clerk of Courts & County Comptroller) are subject to public disclosure*.]

I authorize the Walton County Clerk of Courts & County Comptroller to make lawful inquiries regarding my past and present employment and to release from liability all of those supplying information.

Applicant signature: _____

Date: _____

*This form **must** be signed in either Block 1 **or** Block 2 to complete your application.*

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' preference claim below is made on a voluntary basis. The Veterans' preference categories are listed below. If you select category 1, 2 or 4, this form is kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The 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 for forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.
6. A Veteran as defined in section 1.01m(14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

You must provide a DD-214 or comparable official document to serve as a certificate of release or discharge at the time of application. In addition, if you claim preference under categories 1, 2, or 4 above you must furnish documentation per Rule 55A-7.013, F.A.C. War periods are defined in Section 1.01, F.S.S. Under Florida law, preference in appointment is given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. You also must be a Florida resident to be eligible.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM **(Must be completed)**

BLOCK 1 **(Complete if "NOT" requesting Veterans' Preference)**

I declare that I am **not** claiming Veterans' Preference in this application.

Signature: _____ Date: _____

BLOCK 2 **(Complete if requesting Veterans' Preference)**

If eligible, which Veterans' Preference category are you claiming?

(Check the number from Veterans' Preference Information section above.) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Have you ever been employed by any governmental entity within the State of Florida? Check one: Yes ☐ No ☐

Are you a resident of the State of Florida? Check one: Yes ☐ No ☐

Note: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing at the time of application a DD-214 (Certificate of Release or Discharge from Active Duty) and any other required documentation.

Signature: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Providing the following information is voluntary. We request the information solely for the purpose of Equal Employment Opportunity record-keeping, reporting and compliance as specified by *Title VII of the Civil Rights Act of 1964* as amended.

If you are voluntarily providing this information, please indicate the following:

Gender: Male ☐ Female ☐ Date of Birth: _____/_____/_____

Please review these definitions of the race and ethnicity categories:

Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

If you are voluntarily providing this information, please indicate the following:

Race/Ethnicity: (Please check only one)

☐ *Hispanic or Latino*

☐ *White (Non-Hispanic or Latino)*

☐ *Black or African American (Not Hispanic or Latino)*

☐ *Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)*

☐ *Asian (Not Hispanic or Latino)*

☐ *American Indian or Alaska Native (Not Hispanic or Latino)*

☐ *Two or More Races (Not Hispanic or Latino)*