

Date completed _____
(Please print clearly or use a computer to complete)

**PUTNAM COUNTY
CLERK OF COURTS and COMPTROLLER**

P.O. Box 758 Palatka, FL 32178-0758
(386) 326-7677 tami.thomas@putnam-fl.com

- APPLICATION INSTRUCTIONS
- Complete all sections of this application
 - SUBMIT BY EMAIL as PDF or fax legible copy to 386-326-7645
 - Submit a separate application for each position you apply for
 - Submit but do not sign the Certification (page 4) until called for an interview

PERSONAL INFORMATION

Name (Last, First, Middle) _____

Mailing Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Driver's License Number _____ State _____

Are you a citizen of the United States or a registered alien? Yes ___ No ___

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position you are applying for? Yes ___ No ___

If yes, please explain _____

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) traffic violations for which you paid a fine of \$300.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law. Yes ___ No ___

While in the military service were you ever convicted by a general court martial? Yes ___ No ___
If your answer is "yes", give details below. **For each offense show date, charge, place, court and action taken.** (A conviction does not automatically mean you won't be considered. What you were convicted of and how long ago are important. Please give all the facts so a decision can be made.)

Do you have a relative currently working for the Clerk of Courts? Yes ___ No ___
If yes, provide name and relationship _____

JOB INTEREST

Position Applied For _____ Date you can begin _____

Wage desired _____ Minimum you will accept _____

Will you accept: Temporary Work Yes ___ No ___
Part-time Work Yes ___ No ___

Applicant Name: _____

Date completed _____

Position Applied For: _____

(Please print clearly or use a computer to complete)

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes ___ No ___ If Yes, which branch? _____

Date of duty from _____ to _____ Grade at Discharge _____

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? Yes ___ No ___

If yes, what training did you take? _____

VETERAN'S PREFERENCE

For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouse of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans' Preference selection is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act.

Are you claiming Veteran's Preference? Yes ___ No ___

If the answer is yes, please check the appropriate box below.

Documentation supporting your claim must be furnished at the time of application.

Select Category:

- ____ 1. 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, **or**
- ____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty 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 who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
- ____ 4. The unremarried widow or widower of a veteran who died of a service-connected disability, **or**
- ____ 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 Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

The receipt of a campaign medal is not required, only service during a wartime period. Wartime periods are defined in §1.01, F.S. Veterans' Preference may only be given to non-county employees or current county employees applying to positions outside their current department or political subdivision. Veterans' Preference is only available to Florida residents.

A DD214 or a comparable document which serves as a certificate of release or discharge and any other required supporting documentation must be furnished at the time of application. Please FAX supporting documentation to (386) 326-7645 by the closing date of the job listing. Be sure to include the position for which you are applying. In addition to the DD214, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then to those in categories 3, 4 or 5.

If a Qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

Have you claimed and been employed through veteran's preference since 10/1/87? Yes ___ No ___

Please provide name of employer _____

Are you currently a full-time employee of Putnam County, Florida? Yes ___ No ___

Applicant Name: _____

Date completed _____

Position Applied For: _____

(Please print clearly or use a computer to complete)

EDUCATION

Circle highest grade completed (for computer form – highlight)

Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 GED College 1 2 3 4 Graduate 1 2 3 4

	Name	Location	Major	Degree	Year Completed
High School					
College					
Graduate School					
Vocational School					
Other Training					

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment, i.e. keyboarding, software knowledge, foreign languages read or spoken, etc.

FORMER EMPLOYMENT

Complete the following information for your last four employers starting with the most recent.

Date Month and Year	Name and Address of Employer	Pay Rate	Position	Reason for Leaving

May we contact your present employer?

Yes ___ No ___

If no, when may we contact? _____

Applicant Name: _____

Date completed _____

Position Applied For: _____

(Please print clearly or use a computer to complete)

REFERENCES

List the names and contact information for three persons not related to you, whom you have known at least one year. At least one should be a current or previous employer/supervisor.

Name and Occupation	Address	Phone Numbers (day and evening)

Please summarize any additional information necessary to describe your full qualifications.

THANK YOU for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Clerk's Office will be based on merit and no other consideration.

Applications must be filled out completely. Resumes may be submitted but do not take the place of any information required. This is a public document. Under Florida law, applications cannot be confidential.

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Putnam County government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for County employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

If I receive an offer of employment, I hereby authorize a representative of the Putnam County Clerk of Courts to complete a criminal background check, a general health exam and a drug screening to confirm my employability. I also authorize my former and current employers to release information concerning my employment.

Applicant's Signature _____ Date _____