INSTRUCTIONS

Print in ink or type.
Give complete and concise answers.
All questions must be answered.
Attach a detailed resume if desired.
APPLICATION MUST BE SIGNED.

MARYANNE MORSE
Clerk of the Circuit Court
Seminole County
301 North Park Avenue – Sanford, Florida
(An Equal Opportunity Employer)
APPLICATION FOR APPOINTMENT

Height: _____
Hair Color: _____
Eye Color: _____

I. INDIVIDUAL DATA

DATE OF APPLICATION ____/____/____ (Mo.) (Day) (Yr.)

1. Name: _____ (Last) (First) (Middle)
2. Address: _____ (Actual Place of Residence) (Number) (Street) (City) (State) (Zip)
3. How long at current address? _____ Years _____ Months
4. Mailing Address: _____ (If Different from above) (Number) (Street) (City) (State) (Zip)
5. Home Phone: (_____) _____
6. Business Phone: (_____) _____
7. Cell Phone: (_____) _____
8. E-mail address: _____
9. Social Security Number: _____
10. Date Available for Work: _____
11. Position(s) Applied for: _____
12. Salary Requirement: $ _____
13. Type of Appointment: _____ Full Time _____ Temporary
14. Are you a U.S. Citizen? _____ Yes _____ No

    If no, do you have the legal right to remain **and** work in the U.S.? _____ Yes _____ No
15. If you possess a valid motor vehicle license, give the following: ☐ OPERATOR

    Number: _____ State: _____ ☐ CHAUFFEUR

II. EDUCATION AND TRAINING

16. Do you have a high school diploma? _____ Yes _____ No

    If no, did you pass the High School Equivalency Test? _____ Yes _____ No

Colleges, Universities, Junior/Community Colleges, Business, Technical or Vocational Schools Attended

17. Name	18. City State	19. Dates Attended	20. Credits Earned	21. Type of Degree/ Certificate	22. Year Obtained	23. Major/Minor or Type of Courses Taken
		From: To:				
		From: To:				
		From: To:				
		From: To:				
		From: To:				
		From: To:				

24. Are you presently attending school? _____ Yes _____ No

    What courses are you presently taking? _____

25. Have you ever been a member of the Armed Services? _____ Yes _____ No

    If yes: Branch _____ Discharge Date _____
26. Comments/Remarks (if any) _____

II. EDUCATION & TRAINING (CONT'D)

27. Do you speak any foreign languages? Please list: _____

_____

Please check the appropriate box to indicate the level of competency or experience you have in each area.

28.	SPECIAL AREAS:	Bookkeeping	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Pleadings/Court Proceedings	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Writing/Editing	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Page Layout	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Microfilm Production	☐ none	☐ beginning	☐ intermediate	☐ advanced
29.	GENERAL AREAS:	Calculator Use	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Computer Imaging	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Filing	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Typing/Keyboard Skills	☐ none	☐ beginning	☐ intermediate	☐ advanced
30.	COMPUTER HARDWARE:	Mainframe Computer Support	☐ none	☐ beginning	☐ intermediate	☐ advanced
		Network (LAN, WAN) Support	☐ none	☐ beginning	☐ intermediate	☐ advanced
		PC/Mini Hardware Support	☐ none	☐ beginning	☐ intermediate	☐ advanced
31.	COMPUTER SOFTWARE:	List applications with which you are familiar and indicate proficiency level.				
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced
		_____	☐ none	☐ beginning	☐ intermediate	☐ advanced

III. MISCELLANEOUS:

Answer the following questions by placing an "X" under "YES" or "NO". If you have a "YES" answer, please explain in the space provided under item 39 of this application.

		YES	NO
32.	Have you ever been convicted of, pled guilty, no contest or nolo contendere to a crime? If yes, give details [date, place, offense(s), disposition, etc.]	☐	☐
33.	Have you ever been charged with a crime? As a result, have you either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? If yes, give details [date, place, offense(s), disposition, etc.]	☐	☐
34.	Have you ever been discharged for misconduct or unsatisfactory performance from any job? If yes, please explain when and why you were discharged.	☐	☐
35.	Have you ever filed an unemployment compensation claim? If yes, when and where?	☐	☐
36.	Have you ever filed an application for employment or appointment with Seminole County or the Clerk of the Circuit Court? If yes, indicate date(s) and position(s).	☐	☐
37.	Have you ever been employed by Seminole County or appointed by the Clerk of the Circuit Court? If yes, indicate date(s) of employment or appointment, Department(s), Division(s), and reason for leaving.	☐	☐
38.	Are there any members of your family or relatives (by blood or marriage) employed by Seminole County or appointees of the Clerk of the Circuit Court? If yes, indicate their name(s), Department(s) and relationship.	☐	☐

39. Space for detailed answers. Indicate item number to which answers apply.

Item No.	

(If additional space is needed attach additional sheets and reference item number.)

IV. WORK HISTORY

List your most recent employer first. We encourage you to be specific, include a resume or additional pages, if desired, which will help clarify your work experience. However, you MUST complete the employment history below. If resume is attached, be sure that month/day/year for each employment experience is reflected on the resume. Include voluntary unpaid work experience as well as military service, if any.

Note: If your name at your previous employer was different than your current name, please indicate in the appropriate section below.

40. PRESENT EMPLOYER: _____
(Company/Agency Name)
EMPLOYER ADDRESS: _____
(Number) (Street)
_____
(City) (State) (Zip)
JOB TITLE: _____

From: _____
(Mo.) (Day) (Year)
TO: _____
(Mo.) (Day) (Year)
☐ Full Time ☐ Part Time
Number of Hours per week: _____
Starting Salary: $_____
Last Salary: $_____

SUPERVISOR'S NAME: _____ PHONE NO.: (____) _____

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No (EMPLOYED NAME: _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

41. PREVIOUS EMPLOYER: _____
(Company/Agency Name)
EMPLOYER ADDRESS: _____
(Number) (Street)
_____
(City) (State) (Zip)
JOB TITLE: _____

From: _____
(Mo.) (Day) (Year)
TO: _____
(Mo.) (Day) (Year)
☐ Full Time ☐ Part Time
Number of Hours per week: _____
Starting Salary: $_____
Last Salary: $_____

SUPERVISOR'S NAME: _____ PHONE NO.: (____) _____

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No (EMPLOYED NAME: _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

42. PREVIOUS EMPLOYER: _____
(Company/Agency Name)
EMPLOYER ADDRESS: _____
(Number) (Street)
_____
(City) (State) (Zip)
JOB TITLE: _____

From: _____
(Mo.) (Day) (Year)
TO: _____
(Mo.) (Day) (Year)
☐ Full Time ☐ Part Time
Number of Hours per week: _____
Starting Salary: $_____
Last Salary: $_____

SUPERVISOR'S NAME: _____ PHONE NO.: (____) _____

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No (EMPLOYED NAME: _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

43. Additional Work History Attached: ☐ Yes ☐ No 44. Resume Attached: ☐ Yes ☐ No

V. REFERENCES:

List below the names of three persons not related to you whom you have known at least one year.

Name	Address/Business/Phone	Years Acquainted

VI. IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

Address _____ City/State/Zip _____

VII. ATTENTION – THIS STATEMENT MUST BE READ

Read the following paragraph carefully before signing Certification.

Any incorrect or false statements to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Also, your application may be subject to public inspections in accordance with the Florida Public Records Law, Chapter 119, Florida Statute.

VIII. CERTIFICATION

I hereby certify that all statements made in this application are true and I agree and understand that any incorrect or false statement of facts shall cause forfeiture of appointment with the Clerk of the Circuit Court for Seminole County, Florida. I also certify that I have read item 46 above.

The Clerk of the Circuit Court or the Personnel Department is authorized to verify any or all of the information contained herein.

If appointed, I agree to abide by and comply with all rules, regulations, policies, and procedures of the Clerk of the Circuit Court for Seminole County, Florida.

I understand that if I am hired by the Clerk of the Circuit Court for Seminole County, Florida, that it is an appointment by the Clerk that is terminable at the will of either the Clerk or me. If hired by the Clerk of the Circuit Court, I understand and agree that I have no implied, express or statutory contract or right to employment or continued employment with the Clerk's Office.

TO BE SIGNED BEFORE A DEPUTY CLERK _____

SIGNATURE (in ink) DATE SIGNED

DO NOT WRITE IN THIS SECTION – THIS SECTION TO BE COMPLETED BY PERSONNEL

Typing Test _____ / 35 or 60 (AA) cwpm

Personnel Test _____ / 50 / 18

Filing Test _____ / 80

Data Entry Test _____ / 90%

Calculator Test _____ minutes _____ errors

_____% A / B / C / D / F

Perception Test _____ / 105

Reset Form