



SHARON ROBERTSON
Okeechobee County

**OFFICE OF
CLERK OF THE CIRCUIT COURT
AND COMPTROLLER**
312 Northwest Third Street, Suite 101
Okeechobee, Florida 34972
863.763.2131

Dear Applicant:

In order to obtain sufficient information for review of your qualifications against job requirements, Clerk of Circuit Court Sharon Robertson requires that each applicant complete a TABE test and submit the results along with their completed employment application. Qualifications require that the total battery score equal 10.8 or higher.

The TABE test is administered free of charge at the Indian River State College, Dixon Hendry Campus, located at 2229 N. W. 9th Avenue, Okeechobee. Please call 863.824.6010 for their hours of operation

Clerk of Circuit Court Sharon Robertson would encourage you to submit your completed application and TABE test results. Thank you for your interest in obtaining employment with the Okeechobee County Clerks Office.

Sincerely,

Human Resources Department



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AN EQUAL
OPPORTUNITY
EMPLOYER

APPLICATION FOR EMPLOYMENT

We receive applications and hire employees without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, and citizenship status, or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

www.clerk.co.okeechobee.fl.us

PERSONAL INFORMATION

Date: _____

Name: _____
Last Name First Name Middle Initial

Have you ever used or been known by any other name(s) including first name (i.e. nickname or common name) Yes No

If yes, please indicate additional names: _____

Present address: _____
No. Street City State Zip

Home phone number: _____ Daytime phone # where we may reach you? _____

How long have you lived at above address: _____

Previous address: _____ How long did you live there? _____
No. Street City State Zip

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

EMPLOYMENT INFORMATION

Position applying for: _____ Date available for work: _____

Type of employment Full Time Part Time Temporary What salary or pay rate do you expect? _____

What days and hours are you available to work? Days _____ Hours _____

Have you ever applied for a job with us before? Yes No When? _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No If yes, state reason and date: _____

Have you ever been convicted of anything other than a minor traffic violation? Yes No If yes, explain: _____

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Do you have steady transportation to work? Yes No Have you ever been discharged or asked to resign? Yes No

Can you perform the duties of the job for which you are applying, with or without reasonable accommodation? Yes No

Do you have a valid Florida Driver's license? Yes No

Please provide the license number and expiration date: _____

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. Schools must be accredited by the U.S. Department of Education.

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name, Address & Phone No. of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

2) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

3) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

4) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact: _____

RELATIVES

To your knowledge, do you have any relatives currently working at the County? YES NO
If yes, Name: _____ Department: _____ Relationship: _____

MILITARY SERVICE

Have you claimed and been employed through Veterans' Preference in the State of Florida? YES NO
If yes, give the name and address of employer: _____

If not, do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)*

- A) Based on active duty during wartime period? YES
- B) As a veteran with a compensable service-connected disability? YES
- C) The unmarried widow or widower of a veteran who died of a service-connected disability? YES
- D) As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? YES

IF ELIGIBLE, which veterans preference are you claiming? _____

PLEASE READ CAREFULLY

You must submit current documentation of your Veterans' Preference status with this application a DD214 or comparable document, which serves as a certificate of release or discharge claim, must be furnished at the time of application. DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE. All documents must clearly indicate that they are copies of originals. Veterans' Preference of statement of documentation/eligibility is posted in the job-postings bulletin board; a copy is available upon request. For further information, contact: the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731.

APPLICANT'S CERTIFICATION AND AGREEMENT _____

CITIZENSHIP

Okeechobee County hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

ARE YOU AUTHORIZED OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

WORK REFERENCES (must furnish work references from former positions)

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

PERSONAL REFERENCES

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

I understand that employment at Okeechobee County is not offered, guaranteed, contracted, or promised for any specific length of time. The County has the right to terminate the employment relationship at any time.

UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT OKEECHOBEE COUNTY, CLERK OF CIRCUIT COURT MAY HOLD MY FINAL PAYCHECK UNTIL A FINAL ACCOUNTING IS MADE FOR ANY COUNTY PROPERTY IN MY CUSTODY.

Signature of Applicant Date

**CLERK OF CIRCUIT COURT
OKEECHOBEE COUNTY
EQUAL EMPLOYMENT OPPORTUNITY
*For Statistical Use Only***

Although the following information is not mandatory, it is requested to aid the County of Okeechobee in its commitment to Equal Employment Opportunity. Applicants for employment with the Okeechobee County, Clerk of Circuit Court are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the County provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be maintained apart from the Application for Employment during the entire hiring process and will not affect hiring.

NAME: _____ DATE OF APPLICATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

RACE:	WHITE	SEX:	MALE	FEMALE
	BLACK	HANDICAPPED:	YES	NO
	SPANISH	VETERAN:	YES	NO
	ASIAN/PACIFIC ISLAND			
	AMERICAN INDIAN/ALASKAN NATIVE			

Check any that apply to you:

Wartime Period Veteran Disabled Veteran Disabled Person Not Entitled to Veterans' Preference*

***In accordance with the Americans with Disabilities Act of 1990, Okeechobee County invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.**

REFERRAL SOURCE

COUNTY JOB ANNOUNCEMENT	NEWSPAPER AD
COUNTY EMPLOYEE	RADIO / TV ANNOUNCEMENT
WALK-IN / CAME IN ON MY OWN	FL STATE EMPLOYMENT
CORRESPONDENCE	OTHER

OKEECHOBEE COUNTY IS AN EOE / DRUG FREE WORKPLACE