



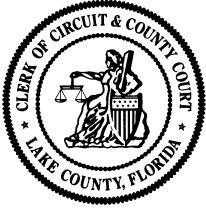
## INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT APPLICATION

1. After opening the document, save it to your computer.
2. The application and the Florida Retirement System (FRS) – New Employee Certification Form are fillable PDF documents. If you choose, you can complete them by using the Hand Tool in the Adobe Acrobat Reader.
3. Use the Tab key to navigate between the fields.
4. For multiple-line fields, you must use the Tab key when you come to the end of the line (e.g. the Duties and Responsibilities field).
5. After all fields are complete, print the application.
6. Sign all signature lines.
7. Submit the application to the Clerk's Human Resources Office using one of the following methods:
  - a. Mail the application to the following address:  
Clerk of the Circuit Court  
Attn: Human Resources  
P.O. Box 7800  
Tavares, FL 32778
  - b. Turn in the application in person at the Human Resource Office located in the Lake County Public Records Center, 122 East Main Street, Tavares.

**Please Note:**

\*No online submissions will be accepted at this time.

\*It is the applicant's responsibility to make arrangements to take a typing test for all positions with a minimum typing requirement. Please refer to the Employment Opportunities page of the Clerk's website for more information on the typing test and the hiring process.



Lake County  
Clerk of Court  
Employment  
Application  
Equal Opportunity  
Employer

**Position(s) Applied For:**

Title(s): \_\_\_\_\_

Date Available To Start Work: \_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Lake Sentinel classifieds    
  Clerk Employee    
  Career Builder  
 www.lakecountyclerk.org    
  Friend    
  Other

**General Instructions:**

- Type or print, in black ink, this application in its entirety.
- Please sign where required on pages 4, 5 and 7.
- Specify the position for which you are applying. Applications marked "Any" will not be considered.
- You may submit one application for multiple positions.
- Submit or postmark your application no later than the close of business on the closing date.
- Please notify the Human Resources Office if you need accommodations in accordance with the Americans with Disabilities Act.

**Contact Information:**

Your Name \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
(Note: If hired, we may use your email address to send you important information regarding orientation.)

Contact me at:  
 Home     Work     Cell    between the hours of \_\_\_\_\_ and \_\_\_\_\_

**EDUCATION**

**High School:** \_\_\_\_\_ Received: \_\_\_\_\_

Name/Location of High School \_\_\_\_\_  Diploma     Other (specify) \_\_\_\_\_     None

**College, University, or Professional School:**

Name of School	Location	Major/Minor Course of Study	Credit Hours Earned		Type of Degree Earned
			Qtr.	Sem.	

**Job-Related Training or Course Work: (Vocational, Governmental, Trade, Business, Armed Forces, etc.)**

Name of School	Location	Major/Minor Course of Study	Credit Hours Earned		Type of Degree Earned
			Qtr.	Sem.	

## Employment Experience

Describe your work experience in detail, beginning with your current or most recent job. Include military service (include rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as the application. Resumes may be attached to provide additional information.

<b>1</b> Name of Present or Last Employer: _____
Address: _____ Phone: ( ) _____
Your Job Title: _____ Supervisor: _____
From: / / To: / / Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____ Salary: Starting _____ Final _____

<b>2</b> Name of Next Previous Employer: _____
Address: _____ Phone: ( ) _____
Your Job Title: _____ Supervisor: _____
From: / / To: / / Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____ Salary: Starting _____ Final _____

<b>3</b> Name of Next Previous Employer: _____
Address: _____ Phone: ( ) _____
Your Job Title: _____ Supervisor: _____
From: / / To: / / Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____ Salary: Starting _____ Final _____

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: / / To: / / Your Name if Different During Employment: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: / / To: / / Your Name if Different During Employment: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**Other Qualifications**

List special job-related skills and qualifications you possess, such as computer skills, fluency in language(s), etc. relevant to the position you seek.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note to applicants: Do not answer this question unless you have reviewed the job description which lists the requirements of the job for which you are applying.*

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes  No

**NOTE:** If you are hired by the Clerk and the position for which you are hired requires the operation of a Clerk vehicle or if you drive any Clerk vehicles, you must have and maintain a **VALID** Florida Driver License. Your driving record will be checked with the Florida Department of Motor Vehicles.

### Background Information

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If "Yes," what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or misdemeanor?  Yes  No

If "Yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had the adjudication of guilt withheld for a crime which is a felony or misdemeanor?  Yes  No

If "Yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. [see §112.011, F.S.]

### Citizenship

Are you legally authorized to work in the United States?

Yes  No *Identification and proof of citizenship or immigration status will be required upon employment.*

### Relatives

To your knowledge, do you have any relatives working for the Clerk's Office?  Yes  No

If so, who? \_\_\_\_\_ What department? \_\_\_\_\_

### Exemption from Public Records Disclosure

Are you a current or former law enforcement officer, other covered employee\*\*, or the spouse or child of one, whose information is exempt from public records disclosure under section 119.071(4)(d), Florida Statutes (F.S.)?

Yes  No

\*\*Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

### Collection of Social Security Number

When necessary your social security number will be requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information Authorization**

I authorize all corporations, companies, former employers, associates, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company to which this form has been filed, or their agent. I release all parties involved from any liability and responsibility for doing so.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Military Service Information**

Not Applicable

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records to release a copy of my military records.

Service #: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**References - Minimum of 2 required (other than relatives or close friends)**

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

**Certification**

I certify that answers given herein are true and complete. I am aware that any omissions, falsification, 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Clerk's Office is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that applications submitted for public employment are public records except as exempted above. Florida has a very broad Public Records Law. Most written communications to or from State and Local Officials regarding State or Local business are public records available to the public and media upon request. Your email communications, including your email address, may therefore be subject to public disclosure. 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position Title for Which You Are Applying: \_\_\_\_\_

### **Veterans' Preference Claim**

Are you claiming Veterans' Preference?

Yes  No

(If "Yes," please answer the following questions. If "No," please proceed to the next page.)

1. If eligible, which Veterans' Preference Category are you claiming?  
(Please indicate number from Veterans' Preference Information section below.) \_\_\_\_\_

2. Have you ever been employed by any government entity within the State of Florida?  Yes  No

3. Are you a resident of the State of Florida?  Yes  No

### **Veterans' Preference Information**

Completion of the Veterans' Preference section above is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories.

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.

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 is only available to Florida residents.

A **DD 214** or 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**. In addition, 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 those in categories 3, 4 and 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. P.O. Box 31003, St. Petersburg, Florida 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 3 months of the date the application is filed with the employer if no notice is given.

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

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous FRS Employer \_\_\_\_\_

## PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College Optional Retirement Program (SCCORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

### Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was \_\_\_\_\_.

**If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.**

#### I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

#### I understand that as an Investment Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.

Employer, remove this section prior to the selection process.

### EEO Survey

Although the following information is not mandatory, it is requested to aid the Clerk's Office in its commitment to Equal Employment Opportunity. Refusal to answer will not result in adverse treatment of any applicant.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Race (mark only one):

- |   |  |
|---|--|
| <input type="checkbox"/> White (Not Hispanic or Latino)   | <input type="checkbox"/> Black or African-American                 |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Two or more Races                |  |

**Neil Kelly**  
**Lake County Clerk of the Circuit Court**  
**Notice of the Collection, Use & Release**  
**of Social Security Numbers Pursuant to FS 119.071**

Effective 10/01/2009, HB 7051 amends FS 119.071(5) to require each agency to identify in writing the specific federal or state law governing the collection, use, or release of social security numbers (SSNs) for each purpose for which the agency collects SSNs, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of SSNs complies with the specific applicable federal or state law. This list is provided to comply with this mandate.

Department	Legal Authority	Use of SSN
<b>All Applicable Departments</b>	26 USC § 6050I & 31 USC § 5331	Transactions received of more than \$10K in cash, in one transaction or in two or more related transactions, Form 8300
<b>Administration</b>		
Human Resources	Chapter 11, FAC	Background checks
	FS 409.2576	Florida New Hire Reporting Form
	42 USC § 653A	
	26 USC § 457b	457b contribution reports
	42 USC § 1395y(b)(7) & (8)	State sponsored insurance enrollment forms and reports (group health, life, vision and dental coverage)
	26 USC § 1	Pretax benefits
	Chapter 19, FAC	Florida Division of Retirement contribution reports (FL Dept of Revenue)
	FS 112.665	Florida Retirement System certification of membership
	Chapter 60, FAC	Workers Comp Claims (Department of Labor)
	42 USC § 405(c)(2)(A)	Social Security taxes, Medicare taxes, US federal income tax withholdings, W2, W4, 1099
	Chapter 12, FAC	Unemployment Reports (FL Dept of Revenue)
	8 USC § 1324(a)	Federal I-9 (US Department of Homeland Security)
Marriage	FS 741.04(1)	"No county court judge or clerk of the circuit court in this state shall issue a license for the marriage of any person unless there shall be first presented and filed with him or her an affidavit in writing, signed by both parties to the

		marriage, providing the social security numbers or any other available identification numbers of each party . . .”
Official Records	FS 55.01(2)	“Each final judgment shall contain thereon the address and the social security number, if known to the prevailing party, of each person against whom judgment is rendered. Errors in names, addresses, or social security numbers or failure to include same shall in no way affect the validity or finality of a final judgment.”
	FS 55.505 & 55.604	“At the time of the recording of a foreign judgment, the judgment creditor shall make and record with the clerk of the circuit court an affidavit setting forth the name, social security number, if known, and the last known post office address of the judgment debtor and of the judgment creditor.”
	FS 689.02(2)	“The form for warranty deeds of conveyance to land shall include a blank space for the property appraiser's parcel identification number describing the property conveyed, which number, if available, shall be entered on the deed before it is presented for recording, and blank spaces for the social security numbers of the grantees named in the deed, if available, which numbers may be entered on the deed before it is presented for recording.”
Passport	26 USC § 6039E	SSN required on passport application and for replacements
<b>Finance</b>	FS 717.117	SSNs required on reports of unclaimed property
	31 USC § 3332(g)	Direct deposit
	26 USC § 6109	Tax deed surplus claim, W-9 form
	26 USC § 6109	Request for TIN, W-9
	26 USC § 6041 & § 6049	Income Earned Reporting, Form 1099