



**Howard C. Forman, Clerk**

**Circuit Court County Court**  
 201 Southeast 6th Street, Rm. 137  
 Broward County Courthouse  
 Fort Lauderdale, FL 33301  
 www.browardclerk.org  
 Call 954-831-7234

**FOR OFFICIAL USE ONLY**

WPM Speed	KPH Speed

Date \_\_\_\_\_

Month / Day / Year

**APPLICATION FOR EMPLOYMENT**

It is the policy of the Broward County Clerk of Courts to abide by all anti-discrimination laws provided for by federal, state and local statutes and regulations, as well as to provide and promote equal employment opportunities for all applicants and employees. It is also our policy and practice to hire, train, promote, compensate and administer all employment practices without regard to race, color, sex, age, marital status, religion, veteran status, national origin, medical condition or disability unrelated to the ability to perform the essential functions of the job.

Furthermore, the Clerk is committed to complying with the Americans With Disabilities Act. If you believe you need a reasonable accommodation in order to apply for or to complete an application due to the fact that you have a disability, please notify the Clerk's Office within 3 days of your application of your specific needs so that the Clerk can assist where appropriate. The Clerk's Office reserves the right to require an applicant to furnish documentation from an appropriate professional confirming the disability or functional limitations.

<b>LOCATION PREFERRED</b> <input type="checkbox"/> Fort Lauderdale <input type="checkbox"/> Hollywood <input type="checkbox"/> Plantation <input type="checkbox"/> Deerfield	Would you consider temporary work.	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. LAST NAME	FIRST NAME	M.I.

2. POSITION APPLYING FOR	3. LOWEST ACCEPTABLE SALARY \$ _____ per year	4. WHEN AVAILABLE
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5. SOCIAL SECURITY NUMBER _____ - _____	6. HOME TELEPHONE NUMBER (____) _____ - _____	OTHER NUMBER (____) _____ - _____
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7. CURRENT DRIVER'S LICENSE NUMBER	STATE

EXPIRATION DATE	CLASSIFICATION <input type="checkbox"/> Operators <input type="checkbox"/> Chauffeur's
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8. PRESENT ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at present address? Years \_\_\_\_\_ Months \_\_\_\_\_

9. HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? - Check the response that applies.

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Visit to Personnel Office	<input type="checkbox"/> Florida State Agency
<input type="checkbox"/> Clerk of Court Employee	<input type="checkbox"/> Personnel Counselor	<input type="checkbox"/> Recruiting Program-Career Day (please specify) _____
<input type="checkbox"/> High School Name _____	<input type="checkbox"/> College/Technical School Name _____	<input type="checkbox"/> Job Hotline
		<input type="checkbox"/> Clerk Website

**10. EDUCATION AND SPECIAL TRAINING**

Circle Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma (Check):  Yes  No If yes, date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month year

Equivalency--GED (Check):  Yes  No If yes, date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month year

Name of last GRADE SCHOOL or HIGH SCHOOL attended: \_\_\_\_\_  
Name City State

**LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC) BELOW:**

Name and Location of Vocational School, Training Center Institute, Etc	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates Given or Other Pertinent Information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

**LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC) BELOW:  
 LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:**

Name and Location of Vocational School, Training Center Institute, Etc	Dates Attended				Credit Hours		Grade Point Average	Major/Minor Degree Field or Program of Study	Type of Degree
	From		To		Received	Sem. Qtr.			
	Mo.	Yr.	Mo.	Yr.					

**11. EMPLOYMENT RECORD**-List last 3 jobs. Major changes in duties or job titles with the same employers should be listed as separate jobs. Start with your present or most recent position and work back. Be specific-all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. Please attach resume if available.  
 May we contact your present employer regarding your record of employment? Yes  No   
 NOTE: We may contact previous employers to verify your descriptions of past duties?

**(Job1) Present or Most Recent Job**

FROM		TO		TOTAL TIME	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Supervisors Name and Title \_\_\_\_\_  
 Reasons for Leaving Position \_\_\_\_\_

Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(Job2) Present or Previous Job**

FROM		TO		TOTAL TIME	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_

Supervisors Name and Title \_\_\_\_\_

Reasons for Leaving Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

**(Job3) Present or Previous Job**

FROM		TO		TOTAL TIME	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_

Supervisors Name and Title \_\_\_\_\_

Reasons for Leaving Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

**12. Specific Skills--Do you have skills in the following?**

10 Key Calculator -Sight-Touch       Data Entry Computer Input Devices      Speed \_\_\_\_\_

Typewriter--Speed \_\_\_\_\_       Word Processing: Speed \_\_\_\_\_      Software: \_\_\_\_\_

What P.C. or word processor software have you utilized? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANSWER ALL ITEMS AND CHECK INFORMATION WITHIN EACH BLOCK.**

13. Have you ever been employed by the Clerk of the Courts? If yes, give dates of employment: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

14. Are you related to any Clerk employee or is any Clerk employee a member of your household? \_\_\_\_\_  
If yes give name, relation, and employing division: \_\_\_\_\_

NOTE: all applicants will be subject to a criminal history records check.  
An affirmative answer to the below does not constitute an automatic bar to employment.

15. Have you ever been convicted of a felony or first degree misdemeanor? If yes please explain in detail the facts relative to the conviction, including nature of the offense, disposition of case, and court and date. A "yes" answer will not disqualify an applicant for consideration for a job; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. REFERENCES: List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

**IMPORTANT - - PERSONS SELECTED FOR EMPLOYMENT MUST:**

- Be able to provide all required employability documents;
- Take an oath or affirmation of allegiance (Loyalty Oath, Florida Statute 876.05) upon being employed;
- Submit to drug screening prior to an official job offer;
- Disclose any pending charges or involvement in litigation before and during employment;
- Persons selected may be requested to pass a physical examination by a licensed physician or medical examiner.

**APPLICANT CERTIFICATION - - READ CAREFULLY BEFORE SIGNING:**

I authorize any person, school, current or past employer (except as previously noted), listed references and organizations named in this application and/or accompanying resume, to provide the Clerk's Office with relevant information that may be useful in making a hiring decision, and I release such persons and organizations and the Clerk's Office from any legal liability in making and receiving such statements. I understand that, if employed, any false information or misrepresentations made on this application or during the interview process may be considered sufficient cause for denial of employment or dismissal if I am hired.

In consideration of my employment by the Clerk, I agree to conform to the Clerk's rules and regulations and to perform any work which may be considered necessary by the Clerk and to take physical or other examinations when required and as permitted by law. I also understand the Clerk's rules and regulations are subject to change at any time with or without notice. I also understand and agree that nothing in this application or in any prior oral or written statements is intended to create any contract of employment for any term and that the Clerk is not obligated to hire me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date