

GULF COUNTY CLERK OF CIRCUIT COURT AND COUNTY COMPTROLLER (GCC)



Employment Application

Human Resources Office

Attention: Elaine Bland, HR Director

1000 Cecil G. Costin Sr. Blvd – Port St Joe, FL 32456

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER DRUG FREE WORKPLACE

Personal

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ Home (____) _____ Cell (____) _____ Other _____

Emergency Contact: _____ Phone #: _____

Are you legally able to work in the U.S.? ☐ Yes ☐ No

Have you ever been known by or used any other me? ☐ Yes ☐ No

If yes, what? _____

General

Date available to begin work: _____ Minimum Salary expected: _____

I will accept (Please check any that apply): ☐ Full-Time ☐ Part-Time ☐ Temporary
☐ Shift Work ☐ Evenings ☐ Weekend ☐ Holidays

Have you ever been employed by the Gulf County Clerk ☐ Yes ☐ No If yes, when? _____

Position? _____ Reason for leaving? _____

Do you have any friends or relatives who are employees of the Gulf County Clerk ? ☐ Yes ☐ No

If yes, list name and relationship: _____

Driving

Do you have a valid driver's license? ☐ Yes ☐ No Type: ☐ Operator ☐ CDL ☐ Restricted

Has your license ever been revoked or suspended? ☐ Yes ☐ No

If yes, when and for what reason? _____

Education

Last grade completed: _____

Do you have a High School Diploma or GED? Diploma GED

Last high school attended: _____ City: _____ State: _____

Colleges/Universities

Name & location	Dates Attended	GPA	Major/Minor Field of Study	Type of Degree	Date Degree Awarded
	from				
	to				
	from				
	to				
	from				
	to				

Employment History

[illegible]

Employer: _____ Job Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Start Salary: _____ End Salary: _____

Telephone Number: () _____

Name of Supervisor/Contact Person: _____ Title: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____	Job Title: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____	Start Salary: _____ End Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUME

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service, and any period of unemployment. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work. If you have been employed under any other name(s), list name(s) by each employer as applicable.

Employer: _____	Job Title: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____	Start Salary: _____ End Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

Employer: _____	Job Title: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____	Start Salary: _____ End Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

Employer: _____	Job Title: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____	Start Salary: _____ End Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

Employment History

Special Skills

Special Training (Business, Trade, Vocational, Armed Forces, etc.) :

Computer Literate: ☐Yes ☐No

Basic Microsoft Office/Email Use?: ☐Yes ☐No

Machines and/or Equipment Operated:

Licenses or Certifications (including type, State or other licensing authority):

Membership(s) in professional, job related organizations (including offices held):

Have you ever been subject to discipline with regard to any professional license or certification, or had any professional license or certification suspended, revoked, or canceled? ☐Yes ☐No If yes, please explain:

State any additional information that may be helpful to us in considering your application:

Legal History

Have you ever been convicted, pled guilty, pled nolo contendere or no contest, regardless of adjudication; or are there any criminal charges now pending against you to any violation of any law, police regulation or ordinance other than minor traffic violations? ☐Yes ☐No

If yes, describe the current charges or conviction(s), show date, charge, location, disposition, and court. (Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. You may omit any offense committed before your 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.)

Have you ever been refused a Surety Bond? ☐Yes ☐No

(NOTE: APPLICANTS OFFERED EMPLOYMENT MUST SUBMIT TO FDLE LEVEL II BACKGROUND SCREENINGS.)

Information concerning criminal history will not necessarily disqualify an applicant unless the record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning criminal history will, if employed, be subject to dismissal. Non-disclosure of any of the above will disqualify applicant.

References

List three primary references not related to you whom you have known for at least one year. Do not list anyone we cannot contact immediately.

Name	Address	Phone #	Years Acquainted
		()	
		()	
		()	

Veteran's Preference

If you are an honorable discharged veteran or otherwise qualify under one of the criterion below, you may be eligible for veterans' preference in appointment.

Do you request a Veteran's Preference? ☐Yes ☐No

If yes, please designate the basis for your preference entitlement:

- a. 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. (§295.07(1)(a), F.S.)
- b. 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 line of duty by a foreign government or power. (§295.07(1)(b), F.S.)
- c. A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. (§295.07(1)(c), F.S.)
- d. The un-remarried widow or widower of a veteran who died of a service-connected disability. (§ 295.07(1) (d), F.S.)
- e. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. (§295.07(1)(e), F.S.)
- f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. (§ 295.07(1)(f), F.S.) Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)
- g. Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)

Documentation Required: A legible DD Form 214 (member copy #4) or equivalent document, which serves as a certificate of release or discharge, or current qualifying Reserve documentation, must be furnished at the time of application or prior to the closing date of the requisition. In addition, applicants claiming categories a, b, d or e above must furnish supporting documentation in accordance with the provisions of Fla. Administrative Code Rule 55A-7, F.A.C. Wartime periods are defined in §1.01(14), F.S.

Complaints: An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, Post Office Box 31003, St. Petersburg, FL, 33731. The complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. Because the County is not required to provide notice of non-selection to the applicant, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

THIS CERTIFICATION MUST BE SIGNED – PLEASE READ CAREFULLY

Certification

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers; and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Gulf County Clerk of Circuit Court & County Comptroller (GCC) to verify all information contained herein, and I release the GCC, all past employers and all references from any and all liability for the release of information to the GCC. I understand that all job offers from the GCC are conditioned on proper completion of a health questionnaire and successful completion of a medical examination by a GCC appointed physician to determine my ability to perform any job offered. If seeking a position subject to pre-employment drug/alcohol testing, I further consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the GCC for purposes of drug and alcohol screening I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATION OR FALSIFICATION, OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

(Date)

(Signature)

* The GCC collects your social security number for the following purposes: identification and verification; background checks; wage and benefit processing; tax reporting; federal reporting requirements; workers' compensation; employment applications; pre-employment physicals and drug/alcohol testing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

The GCC is an equal opportunity employer. Qualified applicants are considered for employment are treated without regard to race, color, sex, religion, national origin, age, marital or veteran status (except if eligible for veteran's preference), or the presence of a non-job-related medical condition or disability.

The GCC is subject to the Florida Public Records Act, and all, or portions, of this application may be subject to disclosure as required by law.

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AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE

NAME: _____

POSITION(S) APPLIED FOR: _____

Can you perform the essential functions for the position you have applied for with or without reasonable accommodation? Upon a job offer, applicants are subject to a medical exam and/or other inquiry to confirm the applicant has the ability to perform essential functions with or without reasonable accommodation and for other purposes as allowed by law.

☐ Yes

☐ No

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Signature: _____

Date: _____

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AUTHORITY FOR RELEASE OF INFORMATION

TO: CONCERNED PERSON OR AUTHORITY REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION, OR
REPOSITORY OF RECORD

FROM: GULF COUNTY BOCC, HUMAN RESOURCES DEPARTMENT

REGARDING:

NAME: _____		
(First)	(Middle)	(Last)
ADDRESS: _____		
_____	_____	_____
(City)	(State)	(Zip)
DATE OF BIRTH: _____		*SS#: _____
DRIVER'S LICENSE NUMBER: _____		EXP: _____ STATE: _____

I authorize the Gulf County Clerk of Circuit Court & County Comptroller to perform a background investigation to assist the GCC in determining my suitability for the position I am seeking. Background investigations will only be conducted if a position is conditionally offered.

I respectfully request and authorize you to furnish the GCC and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the GCC in determining my qualifications and fitness for the position I am seeking with the GCC. A copy of this form may be used and relied upon as if it were the original.

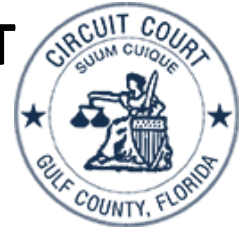
I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

(Signature of Applicant)

(Date)

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Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non-job-related medical condition or disability.

The GCC is an equal opportunity employer. We are also subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This data will not be kept with the application form, nor used in the decision to hire.

Applicant Data Sheet

Name:					
Position Applied For:				Date of Application:	
ETHNIC DATA: (Check Only One)					
<input type="checkbox"/> White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East					
<input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa					
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race					
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands					
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition					
GENDER DATA: (Please Circle One)_					
M (Male)			F (Female)		
How did you learn about the position for which you are applying? (Check Only One)					
Clerk Web Site		Human Resources Dept.		Clerk Employee	
Friend (not Clerk employee)		Relative (not Clerk employee)		Advertisement	
Employment Agency		Other, please specify			
Circle County you reside in					
Gulf	Bay	Franklin	Calhoun	Liberty	Other (write in)



FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1

Enter Your Info

PLEASE PRINT

NAME _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____

PREVIOUS AGENCY NAME _____

2

Confirm Prior Member-ship

Have you ever been a member of a State of Florida-administered retirement plan?

☐

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

☐

Yes, I have been a member of a State of Florida-administered retirement plan.

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☐ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

☐

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4

Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE _____

DATE _____

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

If you are a Pension Plan retiree, you understand:

- If you are reemployed within six calendar months of retirement in any type of position with an FRS employer, your retirement and DROP status (if applicable) may be voided. If voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.

If you are an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree, you understand:

- If you are reemployed within the first six calendar months of retirement in **any type of position** with an FRS employer, any benefits you received must be repaid, or you must terminate employment.
- **Any type of position** includes, **but is not limited to**, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid 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 overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- Retirees may provide volunteer services with an FRS employer without violating the termination requirements or reemployment limitations (must comply with Section 121.091(15), Florida Statutes).
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.