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DATE: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

CONTACT NUMBER \_\_\_\_\_  
HOME CELL

ALL APPLICANTS WILL BE REQUIRED PROOF OF CITIZENSHIP OR LEGAL WORK AUTHORIZATION PRIOR TO EMPLOYMENT

EMPLOYMENT DESIRED  
POSITION \_\_\_\_\_ DATE CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

### EDUCATION

NAME AND LOCATION OF SCHOOL YEARS ATTENDED DATE GRADUATED SUBJECTS STUDIED

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE, BUSINESS CORRESPONDENCE \_\_\_\_\_

**REFERENCE:** LIST THE NAMES OF THREE (3) PERSONS, NOT RELATED TO YOU, WHOM HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

ARE YOU PHYSICALLY ABLE TO PERFORM THE FUNCTIONS FO THE POSITION FOR WHICH YOU ARE APPLYING? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

IF YES GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONVICTION OF A CRIME WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AT THE TIME OF THE OFFENSE, TYPE OFFENSE, AND REMOTENESS OF THE OFFENSE IN TIME, AND REHABILITATION WILL BE CONSIDERED IN DETERMINING THE EFFECTS OF A CONVICTION ON SUITABILITY FOR EMPLOYMENT.

**FORMER EMPLOYERS:** LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH MOST RECENT FIRST

DATE MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
FROM				
FROM				

ALL REFRENCES MAY BE CHECKED. ALL BUT THE FOLLOWING \_\_\_\_\_.

THE QUESTIONS HAVE BEEN ANSWERED TO MY BEST ABILITY. IF EMPLOYED, I REALIZE FALSE INFROMATION CAN AND WILL BE GROUNDS OF DISMISSAL. I AUTHORIZE INQUIRIES AS TO MY CHARACTER, RUPUTATION AND ABILITY AND RELEASE THOSE SUPPLING ANY INFORMATION FROM ALL LIABILITY. IF ACCEPTED FOR EMPLOYMENT, I WILL COMPLY WITH ALL RULES AND SAFETY REGULATIONS OF MY EMPLOYER AND THE DEPARTMENT WHERE ASSIGNED. I UNDERSTAND THAT REGULAR EMPLOYMENT MAY REQUIRE THE TAKING OF FINGER PRINTS OR PROVIDING SUCH OTHER IDENTIFICATION OR CERTIFICATION AR REQUIRED BY LAW.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT 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.

SIGNATURE OF APPLICANT

DATE