



**GREGORY C. HARRELL**  
CLERK OF COURT AND COMPTROLLER – MARION COUNTY, FLORIDA

CLERK OF COURT  
RECORDER OF OFFICIAL RECORDS  
CLERK AND ACCOUNTANT OF THE BOARD OF COUNTY COMMISSIONERS  
CUSTODIAN OF COUNTY FUNDS AND COUNTY AUDITOR

POST OFFICE BOX 1030  
OCALA, FLORIDA 34478-1030  
TELEPHONE (352) 671-5604  
WWW.MARIONCOUNTYCLERK.ORG

# Employment Application

*Note: Fields marked with an \* are required.*

The Office of the Marion County Clerk of Court and Comptroller (“Clerk’s Office”) is firmly committed to ensuring equal employment opportunities and, pursuant to state and federal law, does not discriminate on the basis of race, color, religion, national origin, sex, gender, age, disability/handicap, pregnancy, marital status, citizenship, or genetic information. If you need assistance completing this Application, please do not hesitate to advise us.

We appreciate your interest in seeking employment with the Clerk's Office. A clear understanding of your background and work experience will aid us in placing you in the position that best meets your qualifications. Please answer all of the questions fully and accurately. A résumé may be attached as a supplement to the application; however, it will not be accepted as a substitute for responding to any question. If a question does not apply to you, indicate so by entering N/A in that field. If the space provided is not sufficient for complete answers, or should you wish to furnish additional information, attach extra sheets as necessary.

Your Application will be considered active for a period of sixty (60) days from the date received. Due to the large number of applicants for the various position vacancies, we will only be able to notify you if you are being considered for employment and additional processing. Kindly refrain from contacting our office regarding the status of your Application.

## Personal Information

---

Last Name \*                      First Name \*                      Middle Name                      Date of Birth \*

Please list all other names by which you are or have been known \*

Email Address

Mailing Address \*                      City \*                      State \*                      Zip \*

Home Phone Number                      Alternate Phone Number

# Employment Application

*Note: Fields marked with an \* are required.*

Position Applied For

Salary Desired

Date Available

Are you authorized to work in the United States? \*

Yes      No

Have you ever entered a plea of guilty or nolo contendere (no contest) to, been convicted of, or had judgment withheld or prosecution deferred on any felony or misdemeanor, or are there any pending criminal charges against you? If yes, please furnish the charges, dates of offense, and locations. This does not automatically bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. \*

Yes      No

If yes:

Have you ever been discharged, dismissed, asked to resign, or had disciplinary action taken against you at any place of employment or position you have held? If yes, please furnish the places of employment and a brief explanation. \*

Yes      No

If yes:

Have you previously applied for employment with this office? \*

Yes      No

Have you previously been employed by the Clerk of Court and Comptroller or by Marion County? \*

Yes      No

If yes:

Do you have a spouse, relative, or close friend who is employed in this office? \*

Yes      No

If yes, please furnish the name, relationship, and department.

Name

Relationship

Department

# Employment Application

*Note: Fields marked with an \* are required.*

## Education

---

Begin with high school attended, then list any colleges, universities, or other schools attended.

Name and Location of High School Attended Degree/G.E.D. Earned \*

Yes No

Name and Location of School/Institution Attended From To

Major Course of Study Degree Earned

Name and Location of School/Institution Attended From To

Major Course of Study Degree Earned

Name and Location of School/Institution Attended From To

Major Course of Study Degree Earned

Name and Location of School/Institution Attended From To

Major Course of Study Degree Earned

## Licenses, Registrations, Certifications

---

Type State of Issuance Date Issued Expiration Date

Type State of Issuance Date Issued Expiration Date

Type State of Issuance Date Issued Expiration Date

Type State of Issuance Date Issued Expiration Date

Type State of Issuance Date Issued Expiration Date

# Employment Application

*Note: Fields marked with an \* are required.*

## Personal References

---

Full Name Occupation Years Known

Mailing Address \* City \* State \* Zip \*

Home Phone Number Alternate Phone Number

Full Name Occupation Years Known

Mailing Address \* City \* State \* Zip \*

Home Phone Number Alternate Phone Number

Full Name Occupation Years Known

Mailing Address \* City \* State \* Zip \*

Home Phone Number Alternate Phone Number

## Summary of Qualifications

---

Summarize the special skills or abilities you possess that qualify you for this position. Include computer skills, machine skills, fluency in languages other than English, etc. Please also list any organizations, associations, or special events in which you have participated and which you feel contribute to your qualifications for this position.

Summary of Qualifications

Include Typing Speed, if applicable \_\_\_\_\_ wpm

# Employment Application

*Note: Fields marked with an \* are required.*

## Employment History

---

Describe your work experience in detail. Start with your current or most recent employer and use a separate block for each position. Include military service, volunteer work, and number of employees supervised, if applicable. Provide an explanation for any gaps in employment. If needed, attach additional sheets using the same format as below. A résumé may only be substituted for the description of duties and responsibilities. All other information in this section must be completed.

If presently employed, may we contact current employer? \*

Yes      No

## Present or Last Employer

---

Name and Address of Present or Last Employer

Supervisor's Name and Title      Telephone Number

Name Used (If different from your present name)      Your Job Title

Starting Date      Ending Date      Starting Salary      Ending Salary

Reason(s) for Leaving

Duties and Responsibilities

## Previous Employer

---

Name and Address of Previous Employer

Supervisor's Name and Title      Telephone Number

Name Used (If different from your present name)      Your Job Title

Starting Date      Ending Date      Starting Salary      Ending Salary

# Employment Application

*Note: Fields marked with an \* are required.*

Reason(s) for Leaving

Duties and Responsibilities

## Previous Employer

---

Name and Address of Previous Employer

Supervisor's Name and Title      Telephone Number

Name Used (If different from your present name)      Your Job Title

Starting Date      Ending Date      Starting Salary      Ending Salary

Reason(s) for Leaving

Duties and Responsibilities

## Previous Employer

---

Name and Address of Previous Employer

Supervisor's Name and Title      Telephone Number

Name Used (If different from your present name)      Your Job Title

Starting Date      Ending Date      Starting Salary      Ending Salary

# Employment Application

*Note: Fields marked with an \* are required.*

Reason(s) for Leaving

Duties and Responsibilities

## Veterans' Preference

---

Check the appropriate box if you are claiming Veterans' Preference. Documentation substantiating your claim must be furnished at the time of application. \*

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. Veterans' Administration and the Department of Defense.

The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training.

The unremarried widow or widower of a veteran who died of a service-connected disability. The unremarried widow or widower of a veteran who died of a service-connected disability.

I am not claiming a Veterans' Preference.

Have you claimed and been employed using Veterans' Preference since October 1, 1987? If yes, furnish the name of your employer. \*

Yes      No

## Personal Inquiry Authorization and Liability Waiver

---

By signing and submitting this Application, I authorize (my "Authorization"):

- the Clerk's Office to request (a "Request") from any entity or individual, including but not limited to (i) federal or state governmental entities, (ii) public or private entities, or (iii) any individual or individuals, information related to or concerning me ("Information"), for the purpose of determining whether to hire me; and
- any entity or individual receiving a Request to supply to the Clerk's Office all requested Information in unredacted form.

# Employment Application

*Note: Fields marked with an \* are required.*

I acknowledge that requested Information may include or contain records related to prior employment termination matters, military service discharge matters, criminal histories, job performance matters, educational records, and other personal information that the Clerk's Office would be otherwise unable to obtain without this Authorization.

Through this Authorization, I further agree to indemnify, hold harmless, and release the Clerk's Office, and its agents and assigns, from any and all claims, liability, or damages either arising from or related to this Authorization and/or the Information obtained pursuant to it.

## Applicant's Certification

---

I acknowledge and agree that:

- Any omissions, falsifications, misstatements, or misrepresentations on this Application may disqualify me for employment consideration, and if I am hired, may be grounds for termination at a later date.
- This Application shall be the property of the Clerk's Office.
- I have the right to terminate my employment at any time, with or without notice.
- The Clerk's Office has the right to terminate my employment at any time, with or without notice ("Termination Right").
- No one other than the Marion County Clerk of Court and Comptroller ("Clerk") has the authority to alter the Termination Right, and then only in a writing signed by the Clerk.
- If hired, I will be employed on an introductory basis for ninety (90) days, and that if I am terminated for unsatisfactory performance during this period, I will not be entitled to unemployment benefits from the Clerk's Office.

I certify that, to the best of my knowledge and belief, all statements contained in this Application (and in any documents appended to or submitted with this Application) are true, correct, complete, and made in good faith. I have affixed my electronic signature to this Application by typing my name in the box below, and by doing so, intend to authenticate this Application pursuant to Florida law, including but not limited to the Electronic Signature Act of 1996, as amended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date