



**MATT BROOKS**  
**CLERK OF THE CIRCUIT COURT**  
**AND COMPTROLLER**

**EMPLOYMENT APPLICATION**

FOR OFFICIAL USE ONLY	
Agency Authorized Signature	Date Received

POSITION APPLIED FOR
Position: _____
Department: _____
Date Available: _____

**RESPECT. INTEGRITY. SERVICE. TRUST.**

**GENERAL**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been employed by the Levy County Clerk of Court?  Yes (Indicate Below)  No

\_\_\_\_\_ Dates Employed \_\_\_\_\_ Department \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Have you ever worked under a different name?  Yes  No

Relatives Employed by Levy County Clerk of Court?  Yes (Indicate Below)  No

Full Name of Relative	Department	Relationship

**EDUCATION- TRAINING**

Highest Education Level Attained:

No Diploma	GED	High School Graduate
Some College	Technical College	2- Year College Graduate
Bachelor Degree	Master's Degree	Other: _____

School Level	Name & City/State	Course of Study	Did you Graduate	Diploma/Degree
High School:				
Business/Trade:				
College/University:				
Post Graduate:				

## SKILLS- TRAINING

List any past accomplishments, honors, or assignments, which may be relevant to the job for which you have applying:

List any special training, knowledge, skills ore abilities related to the position in which you are applying:

## LICENSES- CERTIFICATIONS- REGISTRATIONS

Type of License \_\_\_\_\_

Issued By: \_\_\_\_\_

Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Type of License \_\_\_\_\_

Issued By: \_\_\_\_\_

Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Type of License \_\_\_\_\_

Issued By: \_\_\_\_\_

Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

## PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent position. Include military service (indicate 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, resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Hours Per Week: \_\_\_\_\_

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

Reason For Leaving: \_\_\_\_\_

**2** Name of Previous Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Hours Per Week: \_\_\_\_\_

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

Reason For Leaving: \_\_\_\_\_

**3** Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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

Reason For Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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

Reason For Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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

Reason For Leaving: \_\_\_\_\_

**VETERANS' PREFERENCE**

Do you wish to claim Veterans' Preference?  Yes (Indicate Below)  No

\_\_\_\_\_

Branch Entry Date Discharge Date

*Attach copy of your DD214 to this application.*

**REFERENCES**

List 3 non-relative references.

Name	City/State	Phone No.	Email Address	Years Known

## ACKNOWLEDGMENT

Read carefully the below acknowledgments; Print intial, and sign.

Applications can be submitted by mail, fax or email to:

Mail:

Levy County Clerk of Court  
355 South Court Street  
Bronson, Florida 32621-6520

Fax:

352-486-5166

Email:

[willis-brooke@levyclerk.com](mailto:willis-brooke@levyclerk.com)

Levy County is a Drug-Free Workplace. I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering other or myself at any time during my employment, I may be required to take an alcohol/drug test.

I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that misrepresentations or omissions may disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered later.

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

\_\_\_\_\_  
Date