



## Hardee County Board of County Commissioners Equal Employment Opportunity (EEO) Self-Identification Form (completion of this form is voluntary)



**Hardee County Board of County Commissioners** is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

### Race and Ethnic Identification

- Hispanic or Latino**  
*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
- White (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Black or African American (Not Hispanic or Latino)**  
*A person having origins in any of the Black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- Asian (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- American Indian or Alaska Native (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- Two or More Races (Not Hispanic or Latino)**  
*All persons who identify with more than one of the above five races.*
- I do not wish to provide this information**

### Gender

- Female
- Male
- I do not wish to provide this information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Hardee County Fire Rescue

**149 K. D. Revell Rd. Wauchula, FL 33873**  
**Office 863-773-4362**

## HARDEE COUNTY BOARD OF COUNTY COMMISSIONERS

**POSITION(S) YOU ARE APPLYING FOR:**

**INSTRUCTIONS:** Please print or type all information. The application must be filled out completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates, which support your application. All materials submitted become the property of the County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements will result in your application being rejected and if discovered after you are hired may result in your termination.

**THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

<b>1. LEGAL NAME (LAST NAME)</b>			<b>(FIRST NAME)</b>			<b>(M.I.)</b>		
<b>2. HOME PHONE:</b>				<b>CELL PHONE:</b>				
<b>3. EMAIL ADDRESS:</b>								
<b>4. WHEN AVAILABLE:</b>								
<b>5. Driving Record</b>								
Do you have a valid license?			CLASS:			ENDORSEMENT:		
DRIVERS LICENSE#			STATE:			EXP. DATE:		
<b>6. Present Address</b>								
Street Address:								
City:			State:			Zip Code:		
How long have you lived at current address?			Years:			Months:		
<b>7. Previous Address</b>								
Street Address:								
City:			State:			Zip Code:		
How long have you lived at current address?			Years:			Months:		
<b>8. Education and Special Training</b>								
Highest grade completed:			Name and location of last high school attended:					
High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			Equivalency – GED <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:		





**Employer 3**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**Employer 4**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**Employer 5**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**Employer 6**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**Employer 7**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**Employer 8**

From		To		Total Time		Employer:
Mo	Yr	Mo	Yr	Yrs	Mos.	Address:
Hours per week:						Telephone #:
Starting Salary: Per						Supervisor's Name:
Last Salary: Per						Supervisor's Title:
Reason for Leaving Position:						
Specific Duties:						

**11. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UMEMPLOYMENT DURING THE PAST 10 YEARS:**

Description of Unemployment or Volunteer Work	From		To	
	Month	Year	Month	Year

**12. SPECIFIC SKILLS – List below the total number of months of experience in operating technical equipment and / or the total number of months of substantial experience in crafts or technical trades.**

Description of trade or experience:	Number of Months

**13. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:**


**14.**

Have you ever used a legal name other than the one indicated on page 1?  YES  NO

If Yes, indicate name(s) and dates used:


**15.**

Have you ever worked for the Hardee County Board of County Commissioners?  YES  NO

If Yes, give dates of employment:

Employing Division(s)

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**16.**

Are you related to a county employee or does the Hardee County Board of County Commissioners employ any member of your family?

YES  NO If Yes, give the person(s) :

Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

**17. Background**

Since your 18<sup>th</sup> birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld?

YES     NO    If Yes, please give:

Name of offense:

Name of and location of court:

Deposition of case:

**NOTE:** A conviction does not automatically mean the County cannot employ you. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.

Have you ever had your Drivers License revoked or suspended?

YES     NO    If Yes, please give:

Date license was suspended or revoked:

Date license was reinstated:

Reason why license was suspended or revoked:

**18. References**

List at least three references who are not relatives:

Name and Occupation:	Address	Phone#	Years Known

**19.**

How did you learn of the position for which you are applying? – Check the response that applies. (Please check one.)

Newspaper or Internet ad	<input type="checkbox"/>	Visit to Personnel	<input type="checkbox"/>
County employee	<input type="checkbox"/>	College Counselor	<input type="checkbox"/>
High School	<input type="checkbox"/>	Florida State Employment agency	<input type="checkbox"/>
Other Source	<input type="checkbox"/>	Recruiting Program	<input type="checkbox"/>



**IMPORTANT:** Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid Social Security card, (2) take a Loyalty Oath, as per Florida Statute Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician determined by the County. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be give further consideration under the present announcement for this classification. Additionally, Hardee County is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, which show the applicant's identity and right to work in the United States.

**APPLICATION MUST BE SIGNED.**

**APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED.**

I hereby certify that each response on the application and all other information I have furnished in applying for employment with Hardee County Board of County Commissioners are true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine, which may be tested for recent use of drugs and/or controlled substances. Further, I release Hardee County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results there from. I hereby authorize and release Hardee County to contact any past or present employer or any other person or entity about me and I hereby authorize, give permission to and release said person, persons or entity to answer all questions asked by Hardee County on documents requested by Hardee County, unless those questions or disclosure of those documents are prohibited by applicable law.

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

\_\_\_\_\_  
Date

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

# AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I herby authorize any employee or authorized representative bearing this release, or copy hereof, to obtain any information your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I herby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to employer, educational institution, physician, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individuals and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be effective as the original.

I herby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

## HARDEE COUNTY FIRE RESCUE / HARDEE COUNTY BOARD OF COUNTY COMMISSIONERS

768.095, F. S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Section 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

## AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_ -or-

Produced Identification \_\_\_\_\_

Notary Public \_\_\_\_\_

Type of identification produced: \_\_\_\_\_

**AFFIRMATION FOR EMPLOYMENT**

As required by F.S. 401.281(1), I \_\_\_\_\_

Do hereby affirm that I am eighteen years of age or greater. I am not addicted to alcohol or any controlled substances and I am free from any physical or mental defects or diseases that would impair my ability to drive an emergency vehicle.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**\*FRS form – Must be completed for consideration**



**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.

<b>1</b>	<p><b>Enter Your Info</b></p> <p>PLEASE PRINT</p> <p>NAME _____ SOCIAL SECURITY NUMBER _____</p> <p>CURRENT AGENCY NAME _____ PREVIOUS AGENCY NAME _____</p>
<b>2</b>	<p><b>Confirm Prior Membership</b></p> <p>Have you ever been a member of a State of Florida-administered retirement plan?</p> <p><input type="checkbox"/> No, I have <u>never</u> been a member of a State of Florida-administered retirement plan. If No, skip to section 4.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> FRS Pension Plan (including DROP)      <input type="checkbox"/> FRS Investment Plan</p> <p><input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)      <input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)</p> <p><input type="checkbox"/> State University System Optional Retirement Program (SUSORP)      <input type="checkbox"/> Other _____</p>
<b>3</b>	<p><b>Confirm Retiree Status</b></p> <p>Are you retired from a State of Florida-administered plan? You are considered retired if:</p> <ul style="list-style-type: none"> <li>- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.</li> <li>- 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.</li> </ul> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>DATE _____</p>
<b>4</b>	<p><b>Sign Here</b></p> <p>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.</p> <p>_____ SIGNATURE</p> <p>_____ DATE</p>

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.