

HARDEE COUNTY BOCC
HUMAN RESOURCES DEPARTMENT
205 HANCHEY ROAD
WAUCHULA, FL 33873
VOICE: (863) 773-2161

APPLICANT DATA FLOW FORM

This form is used to collect voluntary information in order to comply with Affirmative Action Equal Opportunity Employment Programs.

NAME: _____

SEX: FEMALE _____ MALE _____

DATE OF BIRTH: _____

WHERE WERE YOU BORN: _____

CHECK ONE: CAUCASIAN _____ AFRICAN-AMERICAN _____ ASIAN _____
AMERICAN INDIAN _____ HISPANIC _____ OTHER _____

POSITION(S) APPLYING FOR _____

HOW DID YOU LEARN OF THIS JOB OPENING (s)? _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: _____ PHONE: _____

SIGNATURE _____ DATE _____

Hardee County Board of County Commissioners



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientations, or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For	Date of Application		
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Relative	<input type="checkbox"/> Other-----		
Last Name	First Name	Middle Name	
Mailing Address / P. O. Box	City	State	Zip Code
Telephone Number (s)			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No *If Yes, give date* _____

Have you ever been employed with us before? Yes No *If Yes, give date* _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you related to anyone employed with the Hardee County BoCC by blood or marital status? Yes No

If Yes, please complete the following: Name(s): _____

Position held: _____ **Relationship:** _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment). Yes No

Have you ever been know by any other name? Yes No
If yes, list all names used in the past, locations and circumstances (i.e. divorce, adoption, legal name changes, alias, etc.): _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/ or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and Extra- curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	<u>Dates Employed</u> From To	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/ Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		

2.

Employer	<u>Dates Employed</u> From To	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/ Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		

3.

Employer	<u>Dates Employed</u> From To	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/ Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		

4.

Employer	<u>Dates Employed</u> From To	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/ Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

DRUG – FREE WORKPLACE POLICY : HARDEE COUNTY IS A DRUG – FREE WORKPLACE IN ACCORDANCE WITH F.S. 112. APPLICANTS AND EMPLOYEES MAY BE REQUIRED TO SUBMIT TO DRUG TESTING AT ANY TIME FOR: (1) PRE-EMPLOYMENT; (2) REASONABLE SUSPICION; (3) POST- ACCIDENT; (4) RETURN TO DUTY AND (5) FOLLOW UP ON ROUTINE FITNESS FOR DUTY. ADDITIONALLY, DRUG AND ALCOHOL TESTING OF EMPLOYEES HOLDING COMMERCIAL DRIVERS LICENSE IS CONDUCTED PER FEDERAL LAW AND REGULATION 49 CFR PART 382.103/107.

VETERANS PREFERENCE POLICY : HARDEE COUNTY AFFORDS VETERANS PREFERENCE IN EMPLOYMENT IN ACCORDANCE WITH F.S. 295. IF YOU ARE REQUESTING VETERANS PREFERENCE, A COPY OF YOUR MOST RECENT DD214 MUST BE SUBMITTED WITH THIS APPLICATION.

NOTES: _____

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and /or Federal law.

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have never been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I must repay all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE

DATE

IV. I am retired from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired, I must repay³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized 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 unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.