



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 YOUR 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 Fire Rescue
149 K. D. Revell Rd. Wauchula, Fl. 33873
Office 863-773-4362 Fax 863-773-3827
Michael J. Choate, Fire Chief

HARDEE COUNTY BOARD OF COUNTY COMMISSIONERS

POSITION YOU ARE APPLYING FOR:		
INSTRUCTIONS: <i>Please print or type all information.</i> 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 you name, the position title, and the announcement number. 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.		
1. LEGAL NAME (LAST NAME)	(FIRST NAME)	(M.I.)
2. WHEN AVAILABLE:		
3. HOME PHONE:	4. SECONDARY PHONE:	
5. Driving Record:		
Do you have a valid license?	CLASS:	ENDORSEMENT:
DRIVERS LICENSE#	STATE:	EXP. DATE:
6. Present Address:		
Street Address		
City	State	Zip Code
How long have you lived at current address?	Years	Months
7. Previous Address:		
Street Address		
City	State	Zip Code
How long have you lived at current address?	Years	Months
8. Education and Special Training		
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
Last Salary:						Per
Reason for Leaving Position:						Supervisor's Name:
						Supervisor's Title:
Specific Duties:						

Employer 4

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

Employer 5

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

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 18th 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:

Disposition 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: _____
SOCIAL SECURITY NUMBER: _____

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 _____, 200_____. 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



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 TRS SCOERS 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). My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE

DATE

IV. I am retired from the Florida Retirement System. My Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the Investment Plan was _____.

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 Investment Plan 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).
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 (CCORP), state government (SMSOAP), or local governments (senior management).

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.

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.