

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: _____



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)

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative Other _____

Position(s) you are applying for:	Date of Application
_____	_____

Last Name	First Name	Middle Name
_____	_____	_____

Mailing Address / P. O. Box	City	State	Zip Code
_____	_____	_____	_____

Telephone: (H): _____ (C): _____ Email Address: _____

- 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
- Are you currently employed? Yes No
- Are you related to anyone employed with the Hardee Co. BoCC by blood or marital status? Yes No
 If Yes, State Name(s): _____
 Relationship(s): _____ Position(s) held: _____
- Are you eligible to work in the United States? Yes No
 (Proof of citizenship or immigration status will be required upon employment)
- Have you ever been known by any other name(s)? 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 ANY violation of the law, other than minor traffic offenses, or NOLO CONTENDERE to criminal charges, even if adjudication was withheld?? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)
 If Yes, please explain: _____

*** EDUCATION**

*Please provide a copy of documentation to the Human Resources Department at 205 Hanchey Rd Wauchula, FL 33873 or via email to HumanResources@hardeecounty.net

	Name of School, City & State	Course of Study/Major	Years Completed	HS Diploma/ GED/Degree
High School				
Undergraduate School				
Graduate Professional				
Trade School/Other				

*INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND 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. You may attach additional sheets if necessary.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

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.

* ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

* SPECIALIZED SKILLS (SKILLS, EQUIPMENT OPERATED)

<u>OFFICE SKILLS</u>			<u>SPECIAL EQUIPMENT</u>	
___ Copier Machine	___ Excel	___ PowerPoint	FL Valid Driver License	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Fax	___ Lotus 1-2-3	___ Typewriter	FL Commercial Driver License	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Calculator	___ Microsoft Word	___ WordPerfect	<i>If so, what class _____ . Copy must be provided upon offer of employment</i>	
___ Other	___ Other	___ Other	Other Production/Mobile Machinery (List):	
_____	_____	_____	_____	
_____	_____	_____	_____	

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

* REFERENCE

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***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.**

***APPLICANT’S STATEMENT**

I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigations 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 not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time 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.

Print Name of Applicant _____

Signature of Applicant _____ Date _____

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.



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.

1	Enter Your Info	NAME _____	SOCIAL SECURITY NUMBER _____
	PLEASE PRINT	CURRENT AGENCY NAME _____	PREVIOUS AGENCY NAME _____
2	Confirm Prior Membership	Have you ever been a member of a State of Florida-administered retirement plan?	
		<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.	
3	Confirm Retiree Status	<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.	
		<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan
4	Sign Here	<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	
		<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)
		<input type="checkbox"/> Other _____	
		Are you retired from a State of Florida-administered plan? You are considered retired if: - You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP. - 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.	
		<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.	
		<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. DATE _____	
		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.	
		SIGNATURE _____	DATE _____

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.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid 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 overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.