

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. Schools must be accredited by the U.S. Department of Education.

PRIOR WORK RECORD
(Start with most recent or present employer. Must include address and phone number)

1) Name of Most Recent Employer	Address	Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

2) Name of Employer	Address	Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

3) Name of Employer	Address	Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

4) Name of Employer	Address	Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact: _____

RELATIVES

To your knowledge, do you have any relatives currently working at the County? YES NO
If yes, Name: _____ Department: _____ Relationship: _____

MILITARY SERVICE

Have you claimed and been employed through Veterans' Preference in the State of Florida? YES NO
If yes, give the name and address of employer: _____

If not, do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)*

- A) Based on active duty during wartime period? YES
- B) As a veteran with a compensable service-connected disability? YES
- C) The unmarried widow or widower of a veteran who died of a service-connected disability? YES
- D) As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? YES

IF ELIGIBLE, which veterans preference are you claiming? _____

PLEASE READ CAREFULLY

You must submit current documentation of your Veterans' Preference status with this application a DD214 or comparable document, which serves as a certificate of release or discharge claim, must be furnished at the time of application. DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE. All documents must clearly indicate that they are copies of originals. Veterans' Preference of statement of documentation/eligibility is posted in the job-postings bulletin board; a copy is available upon request. For further information, contact: the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731.

APPLICANT'S CERTIFICATION AND AGREEMENT _____

CITIZENSHIP

Okeechobee County hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

ARE YOU AUTHORIZED OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

WORK REFERENCES

(must furnish work references from former positions and must complete all spaces)

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

PERSONAL REFERENCES

(must complete all spaces)

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

I understand that employment at Okeechobee County is not offered, guaranteed, contracted, or promised for any specific length of time. The County has the right to terminate the employment relationship at any time.

UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT OKEECHOBEE COUNTY, CLERK OF CIRCUIT COURT MAY HOLD MY FINAL PAYCHECK UNTIL A FINAL ACCOUNTING IS MADE FOR ANY COUNTY PROPERTY IN MY CUSTODY.

Signature of Applicant

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 enrollment instructions.

Name _____ SSN (last 4 digits) XXX-XX-

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

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

STOP HERE

SIGNATURE

DATE

II. I was or currently am 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 System Optional Retirement Program (SCCSORP) 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 the 12th 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.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) 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.

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, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² 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, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ 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

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, adjunct professors, 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, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴ There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.

**CLERK OF CIRCUIT COURT
OKEECHOBEE COUNTY
EQUAL EMPLOYMENT OPPORTUNITY
*For Statistical Use Only***

Although the following information is not mandatory, it is requested to aid the County of Okeechobee in its commitment to Equal Employment Opportunity. Applicants for employment with the Okeechobee County, Clerk of Circuit Court are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the County provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be maintained apart from the Application for Employment during the entire hiring process and will not affect hiring.

NAME: _____ DATE OF APPLICATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

RACE:	WHITE	SEX:	MALE	FEMALE
	BLACK	HANDICAPPED:	YES	NO
	SPANISH	VETERAN:	YES	NO
	ASIAN/PACIFIC ISLAND			
	AMERICAN INDIAN/ALASKAN NATIVE			

Check any that apply to you:

Wartime Period Veteran Disabled Veteran Disabled Person Not Entitled to Veterans' Preference*

***In accordance with the Americans with Disabilities Act of 1990, Okeechobee County invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.**

REFERRAL SOURCE

COUNTY JOB ANNOUNCEMENT	NEWSPAPER AD
COUNTY EMPLOYEE	RADIO / TV ANNOUNCEMENT
WALK-IN / CAME IN ON MY OWN	FL STATE EMPLOYMENT
CORRESPONDENCE	OTHER

OKEECHOBEE COUNTY IS AN EOE / DRUG FREE WORKPLACE