



EMPLOYMENT APPLICATION

ANY OMISSION, FALSIFICATION, MISSTATEMENT OR MISREPRESENTATION OF ANY INFORMATION LISTED IN THIS APPLICATION WILL BE THE BASIS FOR DISQUALIFICATION

SALARY/BENEFITS

Base Salary Information:

Deputy Sheriff:	High School/GED \$33,000 (8-hr Shift) / \$34,660 (12-hr Shift)
Detention Officer:	High School/GED \$33,000 (8-hr Shift) / \$34,660 (12-hr Shift)
Detention Civilian Support:	High School/GED \$21,500
Administrative Civilian Support:	High School/GED \$21,500
Communications Dispatcher:	High School/GED \$22,359

Depending on experience and qualifications, candidates may be authorized by the Sheriff to start at up to 10% above base

Educational

Achievement Program: \$30/month for AA/AS Degree.
 \$80/month for BA/BS/MA/MS Degree
 \$130/month maximum for career salary incentive

Holiday Leave: 10 1/2 paid holidays per year (included in "Vacation" hours earned)

Vacation:	YEARS.SERVICE	VACATION HOURS EARNED
	01mos 12 mos	7 hours/month
	13 mos 04 years	14 hours/month
	05 – 09 years	16 hours/month
	10 – 14 years	18 hours/month
	15 – 19 years	22 hours/month
	20 + years	24 hours/month

Sick Leave 8 hours/month

Sick Leave Incentive: Earn 8 hours/year extra vacation leave for no sick leave usage during the previous year.

Military Leave: Up to 30 days for each emergency or disaster

Pension Plan: Florida Retirement System (Non-contributory – 6 year vested –Effective July 1, 2001)
 Or Pension Plan (Investment Fund) – 1 year vested
 25 years Special Risk Class at any age (eligible sworn positions only)
 30 years Regular Class at any age (staff support positions)

Health Insurance:

Employee Only	\$10.00/month
Employee + Spouse	\$300.00/month
Employee + Children	\$160.00/month
Family	\$480.00/month

Basic Life Insurance: \$30,000 of coverage

Group Dental: 100% employee paid (payroll deductible)

Comp Benefits Insurance Company: Indemnity type plan

Employee Only	\$14.28/moth	PPO: \$21.80/month
Employee + Family	\$30.46/month	PPO: \$64.74/month

Vision Care Vision Plan: 100% employee paid (payroll deductible)

Employee Only	\$5.60month
Family Coverage	\$16.04/month

As a condition of employment, all employees are required to participate in the payroll direct deposit program. This agency operates under an employee 24-pay period payroll system.

HARDEE COUNTY SHERIFF'S OFFICE
HUMAN RESOURCES
900 E. SUMMIT STREET
WAUCHULA, FLORIDA 33873
APPLICATION INSTRUCTIONS

These instructions apply to all Deputy Sheriff, Detention Officer and Staff Support positions and internships. PLEASE READ THESE INSTRUCTIONS CAREFULLY AND MAKE SURE YOU COMPLY WITH EACH APPLICABLE PORTION.

- 1 Applications will be accepted only for currently advertised positions and must be typewritten or printed legibly in ink.
- 2 Applications may be returned in person. To schedule an appointment for position specific testing contact the Sheriff's Secretary at (863) 773-0304, ext. 211 between the hours of 8:30 a.m. and 3:30 p.m.
- 3 Applications may be returned by mail to the address shown above.
- 4 When completing the application, please pay special attention to the following:
 - A. All questions must be answered. Applications that are incomplete will not be processed further until corrections, omissions, or deficiencies are resolved.
 - B. The Applicant's Certification page must be signed and witnessed.
 - C. The Background Investigation Waiver must be completed, signed and notarized. Notary service is available at Human Resources.
 - D. On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. List all jobs you have ever had, beginning with most recent job. Use additional 8½x11 sheets of paper if necessary. Include all periods of no employment.
 - E. On the Confidential Employee History section, document any instances of usage of illegal drugs, i.e. Inhalation, injection, any other form of ingestion of any illegal drug or any illegally obtained drug.
5. Legible copies of the following applicable documents MUST be returned with the completed application:

A. Drivers License	G. FDLE Correctional Officer Training (Detention Officer positions only)
B. High School Diploma/GED or College Transcript	H. Florida State Certificate Exam Scores
C. Birth Certificate	I. Test of Adult Basic Education (TABE scores) or Computerized Placement Test (CPT scores) not requires if criteria successfully met through academy
D. Social Security Card	
E. DD 214 (military)	
F. FDLE Law Enforcement training (Deputy Sheriff positions only)	
6. After an administrative review of the application and the above documents, the selection process will consist of a criminal records check, position specific testing, Oral Board interviews, skills testing for some positions, and division specific interviews. All applicants who receive a conditional offer of employment must provide a photo and submit to a background investigation, polygraph examination, psychological examination (deputy sheriff positions only), drug screening other tests deemed necessary per position. An Administrative Review Committee will complete the process. The application process normally takes approximately 60 days.
7. Applicants who fail to successfully complete all elements of the testing and interview process for a position may reapply for the same position after four (4) months or may apply for a DIFFERENT position provided it is currently open for application.
8. If employed with the Hardee County Sheriff's Office you must move and reside in the county within ten months of being employed with us.

NOTE: Copies of the applicable documents must be on file prior to appointment/employment

NOTE: Sheriff's Office Policy requires all employees to exhibit a neat, professional appearance to the public while representing the Hardee County Sheriff's Office. This policy sets standards for hair, clothing, uniforms, accessories and general appearance. Beards are not allowed. A copy of this policy is available upon request.



Application and Hiring Process

Thank you for your interest in employment opportunities with the Hardee County Sheriff's Office

Prior to hiring, the following requirements must be successfully met:

- Must be 19 years of age or older (18 for Civilian Positions)
- Be a citizen of the United States
- Be a High School Graduate or Equivalent
- Not have received a Dishonorable Discharge from the Armed Forces of the United States
- Possess a valid Florida Drivers License and acceptable driving record
- Not have been convicted of any Felony and/or a misdemeanor involving perjury or false statement, even if the sentence was suspended or adjudication was withheld and/or any misdemeanor or felony arrest after the age of 25.
- Successfully Complete a Written Examination and Oral Interview
- Successfully Complete a Timed Typing Test (applicable only to Dispatch & Clerical positions)
- Successfully Complete a Polygraph Examination
- Successfully Complete a Background Investigation
- Be of Good Moral Character
- Successfully Complete a Physical Examination
- Successfully Complete a Psychological Examination (applicable only to Deputy Sheriff)
- Pass a Drug Screen.

Photocopies of the following items must be included with your application:

- Social Security card: **Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.**
- Florida Drivers License
- Birth Certificate Issued by the State
- High School Diploma, GED or College Transcripts
- If a Veteran, copy of Form DD-214 stating "Honorable" Discharge
- Proof of registration as required by Federal Military Service Act (males age 18-26)
- Copy of Florida Department of Law Enforcement State Certificate and proof of passing State Certification Test (certified personnel)
- Name change documents (marriage, adoption, etc.)
- Any other applicable diplomas and/or certificates may be included (AA degree, training certificates for which you may be receiving salary incentive)

Benefits include:

- Free State Retirement
- Free Life Insurance
- Health Insurance Coverage
- Dental and Visual Plan
- Paid Vacations and Sick Leave

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION FORM

The Hardee County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, Handicap marital status, religion or any other legally protected status.

Date: _____

On what date are you available for Work? _____

Are you available to work the following?
 Evenings _____ Midnights _____ Weekends _____

POSITION (S) APPLYING FOR: _____

PERSONAL HISTORY

1. Full Name

Last
First
Middle

Current Home Street Address
City
State
Zip Code

Mailing Address if different from above
City
State
Zip Code

() _____ () _____

Home Telephone Number Alternate Telephone Number-List Type: _____
 (Pager, work, cellular, etc.)

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former, maiden, birth name(s), alias(es), or nickname(s).

Name	Circumstance	Dates From: Month/Year	Dates To: Month/Year

3. Have you ever filed an application with us before? YES NO

4. Have you ever been employed by us before? YES NO

5. Are you related to a member of the Sheriff's Office? YES NO
 If yes, name and relationship _____

6. Have you ever applied for employment with any other law enforcement agency (city, county, state or federal)?
 YES NO

If yes, list agencies in table below.

Agency Name	City/State	Date Applied	Employed?

EDUCATION/TRAINING

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate?	Type of Diploma (HS/GED)
	From	To			

College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/major
	From	To			

Other Schools (Law Enforcement, Trade, Vocational, Business or Military):

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/Certification
	From	To			

1. Describe any awards, honors, citations, positions held in school/college/community organizations and any other special recognition you have received:

2. Indicate any special licenses or certifications such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires:

3. Indicate any special skills or abilities you possess and/or equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, Breathalyzer, speed detection equipment, firearms)

EMPLOYMENT HISTORY

1. Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance?
 YES NO If yes, provide details.

2. Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held? YES NO If yes, provide details.

3. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer?
 YES NO If yes, please provide name(s) of agency and dates of service.

- 4 List chronologically all employment **BEGINNING WITH PRESENT EMPLOYMENT**, including summer, volunteer and part-time employment while attending school. All time MUST be accounted for. If unemployed for a period, list dates of unemployment.

Name and Address of Employee (Most Recent First)	Date Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name						
Address						
City, State, Zip						
Area Code and Phone No.						
Name						
Address						
City, State, Zip						
Area Code and Phone No.						
Name						
Address						
City, State, Zip						
Area Code and Phone No.						
Name						
Address						
City, State, Zip						
Area Code and Phone No.						
Name						
Address						
City, State, Zip						
Area Code and Phone No.						

Continue, In above format, on separate 8 1/2 x 11 sheet of paper

RESIDENCES

1. List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state.

Dates (Mo./Yr.)		Apartment Number	Street Address (If apartment complex, include complex name)	City	County	State
From	To					

ARREST HISTORY/COURT DATA

1 Have you ever been arrested, charged or received a notice of summons to appear for any criminal offense? YES NO
If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

2 Have you ever been detained by a law enforcement officer for investigative purposes? YES NO
If yes, provide details.

3 To your knowledge, have you ever been the subject of or a suspect in any criminal investigation YES NO
If yes, provide details.

4 Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? YES NO
If yes, provide details.

5 Have you ever been a plaintiff or defendant in a court proceeding? YES NO
If yes, provide details.

DRIVING HISTORY

1 Florida Driver License No.: _____ Date of Expiration: _____ Restrictions: _____

2 Do you hold or have you ever held a driver license in another state? YES NO
 If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3 Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked? YES NO If yes, provide complete details.

4 During the past seven (7) years, have you received a traffic citation or been charged with a traffic violation (excluding parking citations)? YES NO If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

MILITARY HISTORY

1. Are you registered for Selective Service? YES NO
If yes, your Selective Service number: _____
Classification: _____ Date of Classification _____
Address of Local Board: _____
2. Have you ever served on active duty in the Armed Forces of the United States? YES NO
Branch of Service: _____ Highest Rank: _____
3. Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
Duty Dates: From: _____ To: _____ From: _____ To: _____
4. Date and type of discharge: _____
5. Are you now or have you ever been a member of a reserve unit or the National Guard? YES NO
If yes state the branch of service, name and location of your unit and whether you attend drills, meetings or camps:

6. Was any type of disciplinary action taken against you in the military? YES NO
If yes, please provide:
Date: _____ Place : _____
Nature of Offense: _____
Action Taken: _____
7. Have you ever served in the Armed Forces of a foreign country? YES NO
If yes, please specify countries and dates.

8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference.
Documentation substantiating your claim must be furnished at the time of application.
 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action captured or forcibly detained by a foreign power.
 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
9. Have you claimed and been employed using veteran's preference since October 1, 1987? YES NO
If "yes," please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives or present employers) who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past five (5) years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____ (____) _____ Business Address: _____
Yrs. Acq.	Occupation	City & State _____ Business Phone: ____ (____) _____
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____ (____) _____ Business Address: _____
Yrs. Acq.	Occupation	City & State _____ Business Phone: ____ (____) _____
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____ (____) _____ Business Address: _____
Yrs. Acq.	Occupation	City & State _____ Business Phone: ____ (____) _____

2. Do you have close association or affiliation with a known felon? YES NO If yes, please explain.

ORGANIZATION MEMBERSHIP

- 1 List all clubs and organizations which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

- 2 Are you now or have you ever been a member of or affiliated with any foreign or domestic organization, association, movement, group, gang, or combination of persons which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence that are criminal in nature or that would deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? YES NO
- 3 Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? YES NO If yes to question #2 or #3, answer questions #4 and #5 also.
- 4 At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? YES NO
- 5 Did you intend to promote any unlawful aims of the organization? YES NO
If yes to question #2, #3, #4 or #5, explain including name of organization and location.
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BUSINESS INTEREST & LICENSES

- 1 Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? YES NO
- 2 Are you now issued or have you ever been issued a license to engage in a business or profession? YES NO
- 3 Was your license ever cancelled, suspended or revoked? YES NO
If yes, to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.
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CREDIT DATA

- 1 Are you or your spouse indebted to anyone? YES NO
If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also list any debt where payment is **past due**, regardless of amount.

Creditor	Creditor Address	Total amount owed	Loan or Account Number

- 2 Have you, your spouse or a company controlled by you filed for bankruptcy? YES NO
Declared bankruptcy? YES NO Had a legal judgment rendered against you for a debt? YES NO
Been subject to a tax lien? YES NO. If yes to any of these questions, please provide details.
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APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to executive any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?

YES NO

If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:

CONFIDENTIAL APPLICANT DATA

The Information Contained Herein Is Confidential Used Solely By Background Investigators
And Will Not Be Made Available For Public Inspection

1. Applicant's Current Address:

Address _____ City _____ County _____ State _____ Zip Code _____

2. Physical description (this information is used to check your criminal history):

Height _____ Weight _____ Hair Color _____ Eye Color _____ Scars _____

3. Applicant's Social Security Number: _____ -- _____ -- _____

4. Date of Birth: _____ Place of Birth: _____

5. Spouse's Name and Address (if different):

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

6. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicant's)

7. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? YES NO

8. Would you require accommodation due to a qualifying disability to participate in the testing required? YES NO

**EMPLOYMENT APPLICATION
PHOTO PAGE**



Name (Please print): _____
 First Middle Last

Date photograph taken: _____

The following information is solely for the purpose of compliance with Federal regulations

1 Race: _____ White, Non-Hispanic
_____ Black, Non-Hispanic
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian or Alaskan Native
_____ Other: _____

2 Sex: _____ Male _____ Female

3 Date of Birth: _____ Social Security Number: _____
Month Day Year -- --

4 Place of Birth _____
City County State

5 Are you a United States citizen? _____ Yes _____ No

If naturalized, please provide: _____
Date Place

6 Marital Status: Married Divorced Separated Widowed Single

7. Do you have or have you ever applied for a passport? _____ Yes _____ No

Passport No: _____



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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in 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 hereby 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 third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and 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 individually 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 as effective as the original.

I hereby 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,

Florida State Statute 768.095 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 a 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/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_____.

Notary Public

Personally Known _____ -or- -Produced Identification _____

Type of Identification Produced: _____

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I am conducting the following business transaction

[Identify a specific purpose. Example—seeking employment from the Company— “identity verification” or “identity proof or confirmation” is not acceptable.].

with the following company (**Hardee County Sheriff's Office**):
900 East Summit Street
Wauchula, FL. 33873

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is: **Deputy Joseph Marble, Background Investigator**
900 East Summit Street
Wauchula, Fl. 33873

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

STATE OF _____

COUNTY
OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/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: _____



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.

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).

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 _____

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.