

Clay County Supervisor of Elections

EMPLOYMENT APPLICATION

P.O. Box 337, 500 N. Orange Ave.
 Green Cove Springs, FL 32043
 Tel: (904) 269-6350
 Fax: (904) 284-0935
www.clayelections.gov

OFFICE USE ONLY				
Date of Application	Position Applying For	Action	Initials	Date

READ CAREFULLY: Please print or type using BLUE or BLACK ink. Complete all items. Incomplete or unsigned applications will not be processed. A resume can be included but the information requested in this application must be provided in full.

Applicants with disabilities may contact the Human Resources Department to request accommodations to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The Clay County Supervisor of Elections Office is an equal opportunity employer and will not discriminate, against any employee or applicant in any manner prohibited by law. We aim to hire and promote the best qualified.

Name: _____

Last
First
Middle

Address: _____

Street
City
ST/Zip

Hm Phone: _____ Alternate: _____ Best Time to Call: _____ A.M./P.M.

May we contact you at work: **No** ____ **Yes** ____ Work # _____ Best Time to Call: _____

Are you lawfully eligible to work in the United States? **No** ____ **Yes** ____

**Verification of eligibility will be confirmed upon employment*

Have you had prior service with the Florida Retirement System? **No** ____ **Yes** ____

If you have retired from the Florida Retirement System within the last 12 months, you **MUST** notify Clay County Supervisor of Elections Human Resources Department prior to accepting any position to avoid repaying FRS for monies already received. You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SSUSORP, or SMSOAP).

Do you have a Driver's License? **No** ____ **Yes** ____

State Issued: _____ DL#: _____ Type: _____

Is your driver's license currently restricted, suspended or expired? **No** ____ **Yes** ____

If yes, explanation: _____

Have you ever pleaded "no contest" to, or have been convicted of a felony? **No** ____ **Yes** ____

If yes, explain fully on a separate sheet of paper. *Conviction of a crime alone typically will not disqualify you from employment. Factors to be considered include the nature of the crime, remoteness in time, rehabilitation, etc.*

Have you ever been employed by any other Clay County or Constitutional Office?
No ____ **Yes** ____ If yes, Department _____ Dates _____

Do you have any relatives working for Clay County or Constitutional Offices?
No ____ **Yes** ____ If yes, Name _____ Relationship _____
 Department _____

Have you ever been discharged / fired from employment?
No ____ **Yes** ____ If yes, explanation: _____

EDUCATION

Circle Highest Level Completed

Grade School or High School
 1 2 3 4 5 6 7 8 9 10 11 12

College
 1 2 3 4

Graduate School
 1 2 3 4

High School Name City, ST	Did you Graduate? Yes ____ No ____ If No, do you have a G.E.D. Certificate Yes ____ No ____ If Yes, Issued by:: _____		
College/University Name City, ST	FROM	TO	Major: _____ Did you Graduate? Yes ____ No ____ Type of Degree: _____ Year: _____
Graduate School Name City, ST	FROM	TO	Major: _____ Did you Graduate? Yes ____ No ____ Type of Degree: _____ Year: _____
Vocation/Business School Name City, ST	FROM	TO	Study/Certification: _____ Certification: Yes ____ No ____ Year: _____

List additional schools on a separate sheet and attach to the completed application.

SPECIALIZED SKILLS

Please list any pertinent skill or knowledge that you may have (computer software, office machines you can operate, machinery or heavy equipment you can or have operated; professional or occupational licenses you hold; mechanical, electrical, construction tools/equipment, etc.)

Computer Software	
Professional / Occupational Licenses	
Office Machines	
Machinery/Heavy Equipment	

WORK HISTORY

Describe any employment or occupation you have had, including experience in the armed forces and volunteer work. Begin with your present or most recent employment. Be sure to include all relevant details. Use a separate sheet, if necessary. **Do not leave blank, nor state 'See Resume'.** A resume may be attached but will not be accepted in lieu of the application.

1. Current/Most Recent Employment

Company Name	Employment Dates (Mo/Yr)	Starting Salary	Ending Salary	Hours Worked Weekly
Position Held	Supervisor's Name	Company Address		Company Phone
Did you Supervise employees? No _____ Yes _____ How many _____	Reason for Leaving			
Describe Your Work Duties:				

2. Previous Employment

Company Name	Employment Dates (Mo/Yr)	Starting Salary	Ending Salary	Hours Worked Weekly
Position Held	Supervisor's Name	Company Address		Company Phone
Did you Supervise employees? No _____ Yes _____ How many _____	Reason for Leaving			
Describe Your Work Duties:				

3. Previous Employment

Company Name	Employment Dates (Mo/Yr)	Starting Salary	Ending Salary	Hours Worked Weekly
Position Held	Supervisor's Name	Company Address		Company Phone
Did you Supervise employees? No _____ Yes _____ How many _____	Reason for Leaving			
Describe Your Work Duties:				

4. Previous Employment

Company Name	Employment Dates (Mo/Yr)	Starting Salary	Ending Salary	Hours Worked Weekly
Position Held	Supervisor's Name	Company Address		Company Phone
Did you Supervise employees? No _____ Yes _____ How many _____	Reason for Leaving			
Describe Your Work Duties:				

5. Previous Employment

Company Name	Employment Dates (Mo/Yr)	Starting Salary	Ending Salary	Hours Worked Weekly
Position Held	Supervisor's Name	Company Address		Company Phone
Did you Supervise employees? No _____ Yes _____ How many _____	Reason for Leaving			
Describe Your Work Duties:				

REFERENCES

Provide below the names of three persons not related to you, whom you have known at least one year:

Name	Personal/Business	Phone Number
1. _____		
2. _____		
3. _____		

MILITARY RECORD

Were you in the U.S. Armed Forces? **No** ____ **Yes** ____
 If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office?
No ____ **Yes** ____ If yes, explanation _____

**** Employment in this office will require a copy of you DD-214.**

VETERANS' PREFERENCE *(Complete this section only if you are claiming Veterans' Preference)*

Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? **No** ____ **Yes** ____

If yes, give name of employer: _____

If you claim Veterans' Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned.)

- Veteran of a wartime era – Requires (A) DD214 or other document showing dates of service and type of discharge.
- Disabled Veteran – Requires (A) and (B) letter of service connected disability from the V.A.
- Veterans' Widow – Requires (A) and marriage and death certificates, and statement saying not remarried.
- Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability.
- Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.
- Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD214.

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference-eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

Note: Veterans' Preference pertains to all positions except the following:

1. Elected Officials.
2. Board and Commission Members.
3. Department Heads.
4. Personal secretary of each such office or appointee.
5. Temporary employee for the purpose of conducting special studies.
6. Positions filled internally by means of promotion, demotion or reassignment.

Signature Certification and Release of Information

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with Clay County Supervisor of Elections 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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I am aware that I may be required to take and pass a physical examination which includes a drug and alcohol screening test after an offer of employment is made and employment is contingent on the results of the examination in accordance with the Americans with Disabilities Act.

I understand that this application must be completed in full. Incomplete applications may be rejected. 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.

APPLICANT’S SIGNATURE _____ **DATE** _____

Application must be signed to be evaluated. Please check entire application for errors or omissions.

Pursuant to Chapter 119, Florida Statutes - Public Records Law, personnel records and job applications, except for certain items specifically exempt from the Public Records Law, are open for inspection by any person. All social security numbers held by an agency are confidential and exempt from s.11907(01) and s. 24(a), Art. I of State Constitution.

RELEASE OF INFORMATION AUTHORITY

To Whom It May Concern:

I respectfully request and authorize you to furnish the Clay County Supervisor of Elections Office any and all information that you may have, in the areas listed below. Please include all records and reports (including all information of a confidential or privileged nature), and Photostats of same, if requested. This information is being used in conjunction with an official investigation. Consent is granted for the Clay County Supervisor of Elections Office to furnish to third parties, if requested.

I hereby release you, your organization or others (individually and collectively) from any liability or damage which may result from furnishing the information requested by the Clay County Supervisor of Election's office. I further release the Clay County Supervisor of Elections Office and all its agents or employees, 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 to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

INITIAL the specified areas below:

- _____ Criminal History
- _____ Credit History
- _____ Education History
- _____ Employment History
- _____ Medical History (including physical, mental and laboratory records)
- _____ Military History
- _____ X All of the above

Printed Name: _____

Signature: _____

Address: _____

Driver's License #: _____ State of Issuance: _____

Social Security #: _____ (xxx-xx-xxx)

Date of Birth: _____ (mm/dd/yyyy)

Acknowledged before me this _____ Day of _____, 20 _____, who is personally known to me or who produced _____ as identification and who did (did not) take an oath.

Printed Name of Notary Public

Signature of Notary Public

Notary Stamp



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

PLEASE PRINT

NAME _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____

PREVIOUS AGENCY NAME _____

2

Confirm Prior Member-ship

Have you ever been a member of a State of Florida-administered retirement plan?

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

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.

FRS Pension Plan (including DROP)

FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP)

State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement

Other _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

Confirm Retiree Status

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.

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.

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 _____

4

Sign Here

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

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

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 the first 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 calendar 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.

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.