

CHARLOTTE COUNTY PROPERTY APPRAISER  
PAUL L. POLK, CFA, AAS  
APPLICATION FOR APPOINTMENT

All applicants will be considered without regard to race, color, sex, religion, age, national origin, or non-job related handicap.

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Last First Middle

Street City State/Zip

Permanent Address: \_\_\_\_\_

Street City State/Zip

Phone Number: \_\_\_\_\_ Are you 18 years of age or Older? \_\_\_\_ Yes \_\_\_\_ No

If related to anyone in our employ state name: \_\_\_\_\_

Referred by: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wages Desired: \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_ No \_\_\_\_ If yes, give date: \_\_\_\_\_

Have you been employed here before? \_\_\_\_ Yes \_\_\_\_ No

Are you employed at this time? \_\_\_\_ Yes \_\_\_\_ No May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on lay-off and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Are you available to work? \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Temporary

Due to the nature of the work performed by our office in serving the public, overtime, weekend work, and travel may be required. If you have a specific time during which you are unable to work, please identify any limitations. \_\_\_\_\_

Do you own a vehicle? Yes No Driver's License? Yes No

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Any current moving violations or restrictions on your driver's license? \_\_\_\_ Yes \_\_\_\_ No

Has your license ever been revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No

Can you make overnight or weeklong trips if required? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran of the U.S. Military? \_\_\_\_ Yes \_\_\_\_ No

If yes, what branch? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

**REFERENCES:** List the names of three persons not related to whom you have known at least one year.

Name	Address	Telephone	Years Known

**EMPLOYMENT HISTORY**

Start with your present or last job and go back in time. Also, give reason for lapse of time where date of termination from one employer does not correspond with date of next employment. To verify these employments we must have the correct addresses for each previous employer.

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Employed from: \_\_\_\_\_ To: \_\_\_\_\_  
 Hourly rate or salary: \_\_\_\_\_ Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Brief description of duties: \_\_\_\_\_

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 Hourly rate or salary: \_\_\_\_\_ Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Brief description of duties: \_\_\_\_\_

**EDUCATION**

School Name/Location	Years Completed	Course of Study	Degree
Course Study:			
Special Training, Apprenticeship or Skills:			
State any additional information you feel may be helpful to us in considering your application:			

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for its rejection. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am appointed may result in my dismissal.

I hereby authorize the Charlotte County Property Appraiser (Property Appraiser) to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer-reporting agency to be used for appointment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Property Appraiser all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered an appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Property Appraiser medical examination or inquiry, including a drug screen test. If then appointed, I understand that I will be required to serve a minimum six (6) month introductory period. I further understand that my appointment and compensation may be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Property Appraiser or myself. I agree and understand that in the event I am asked to work more than forty hours per week, I may receive comp time in lieu of overtime payment, at the discretion of the Property Appraiser. I understand only the Property Appraiser has the authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of appointment, or my continued appointment, that I may be requested by the Property Appraiser to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so, or unsatisfactory test results, will disqualify me from consideration for appointment, or if I am currently appointed, may result in my immediate dismissal.

I certify that I have read, understand, and agree with the above.

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 (required) \_\_\_\_\_

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**)<sup>1</sup>

- 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 7<sup>th</sup> through the 12<sup>th</sup> 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.**

\_\_\_\_\_  
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**<sup>2</sup> 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**,<sup>3</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **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**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## 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.

<sup>1</sup>If 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 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida 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.

<sup>4</sup>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 7<sup>th</sup> through 12<sup>th</sup> months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.