

CHARLOTTE COUNTY PROPERTY APPRAISER
PAUL L. POLK, CFA, AAS, RES
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Has your license ever been revoked or suspended?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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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: _____

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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 Membership

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 Program (SUSORP) Other _____

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

- 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.

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.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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