

CITY OF NICEVILLE

208 N. Partin Drive, Niceville, Florida 32578
Human Resources (850) 729-4008



EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

(Applicants who need accommodation for an interview request this in advance)

ALL COMPLETED EMPLOYMENT APPLICATIONS MUST BE RETURNED TO DANIELLE HOLLEY IN THE ADMINISTRATION OFFICE AT 208 N. PARTIN DRIVE

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How did you learn about us?

- Advertisement Friend Walk-In
- Employment Agency Relative Other _____

Name of Referral source: _____

Last Name First Name Middle Name
Street City State Zip Code
Telephone Number(s) Social Security Number

You must be 18 years of age to apply

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary?

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, Please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Starting Date:	Work Performed
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	Work Performed
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	Work Performed
Address		Ending Date:	
Telephone Number(s)		Starting pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	Work Performed
Address		Ending Date:	
Telephone Number(s)		Starting pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	Work Performed
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	

Copies of Education Documents, Birth Certificate, Photo I.D., and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification. All questions have been answered completely and I understand that my eligibility for hire may be based on a rating of this application. My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature

Date

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Summarize special job related skills and qualifications acquired from employment or other experience.

Additional Information

MILITARY EXPERIENCE

Were you in the Armed Forces? Yes No

If Yes, what branch? _____

Dates of duty: From: _____ To: _____

Rank at separation: _____

Describe any job-related training received in the United States Military.

References

1.	_____ (_____)	
	(Name)	Phone #

	(Address)	
2.	_____ (_____)	
	_____	Phone #
	(Name)	

	(Address)	
3.	_____ (_____)	
	_____	Phone #
	(Name)	

	(Address)	



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.**

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 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 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 Investment Plan distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE DATE

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).

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.