

**Hardee County Board of County Commissioners**  
**Equal Employment Opportunity (EEO)**  
**Self-Identification Form (completion of this form is voluntary)**



**Hardee County Board of County Commissioners** is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

**Race and Ethnic Identification**

- Hispanic or Latino**  
*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
- White (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Black or African American (Not Hispanic or Latino)**  
*A person having origins in any of the Black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- Asian (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- American Indian or Alaska Native (Not Hispanic or Latino)**  
*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- Two or More Races (Not Hispanic or Latino)**  
*All persons who identify with more than one of the above five races.*
- I do not wish to provide this information**

**Gender**

- Female
- Male
- I do not wish to provide this information

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

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

Signature: \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientations, or any other legally protected status.

(PLEASE PRINT)

How Did You Learn About Us?

Advertisement  Friend  Walk-In  Employment Agency  Relative  Other \_\_\_\_\_

Position(s) you are applying for: \_\_\_\_\_

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Mailing Address / P. O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number (s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Other: \_\_\_\_\_

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- 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
- Are you currently employed? .....  Yes  No
- Are you related to anyone employed with the Hardee Co. BoCC by blood or marital status?  Yes  No  
 If Yes, State Name(s): \_\_\_\_\_  
 Relationship(s): \_\_\_\_\_ Position(s) held: \_\_\_\_\_
- Are you eligible to work in the United States? .....  Yes  No  
 (Proof of citizenship or immigration status will be required upon employment)
- Have you ever been known by any other name(s)? .....  Yes  No If yes, list all names used in the past, locations and circumstances (i.e. divorce, adoption, legal name changes, alias, etc.): \_\_\_\_\_
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work:  Full Time  Part Time  Shift Work  Temporary
- Are you currently on "lay-off" status and subject to recall? .....  Yes  No
- Can you travel if a job requires it? .....  Yes  No
- Have you been convicted of a felony within the last 7 years? .....  Yes  No  
 (Conviction will not necessarily disqualify an applicant from employment.)  
 If Yes, please explain: \_\_\_\_\_

**\* EDUCATION**

	Name of School, City & State	Course of Study/Major	Years Completed	Diploma/ Degree
High School				
Undergraduate School				
Graduate Professional				
Trade School/Other				

*INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND WRITE			
	Fluent	Good	Fair
Speak			
Read			
Write			

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

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

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## \*EMPLOYMENT EXPERIENCE

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name	Reason for Leaving?		

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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**\*ADDITIONAL INFORMATION**

**OTHER QUALIFICATIONS**

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

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**\*SPECIALIZED SKILLS (SKILLS, EQUIPMENT OPERATED)**

<b><i>OFFICE SKILLS</i></b>			<b><i>SPECIAL EQUIPMENT</i></b>	
___ Copier Machine	___ Excel	___ PowerPoint	FL Valid Driver License	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Fax	___ Lotus 1-2-3	___ Typewriter	FL Commercial Driver License	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Calculator	___ Microsoft Word	___ WordPerfect	<b><i>If so, what class _____ (attach copy)</i></b>	
___ Other	___ Other	___ Other	Other Production/Mobile Machinery (List):	
_____	_____	_____	_____	
_____	_____	_____	_____	

State any additional information you feel may be helpful to us in considering your application.

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***Note to Applicants:*** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes  No

**\*REFERENCE**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## \*DRUG – FREE WORKPLACE

**POLICY:** HARDEE COUNTY IS A DRUG – FREE WORKPLACE IN ACCORDANCE WITH F.S. 112. APPLICANTS AND EMPLOYEES MAY BE REQUIRED TO SUBMIT TO DRUG TESTING AT ANY TIME FOR: (1) PRE-EMPLOYMENT; (2) REASONABLE SUSPICION; (3) POST- ACCIDENT; (4) RETURN TO DUTY AND (5) FOLLOW UP ON ROUTINE FITNESS FOR DUTY. ADDITIONALLY, DRUG AND ALCOHOL TESTING OF EMPLOYEES HOLDING COMMERCIAL DRIVERS LICENSE IS CONDUCTED PER FEDERAL LAW AND REGULATION 49 CFR PART 382.103/107.

## \*VETERANS PREFERNCE

**POLICY:** HARDEE COUNTY AFFORDS VETERANS PREFERENCE IN EMPLOYMENT IN ACCORDANCE WITH F.S. 295. IF YOU ARE REQUESTING VETERANS PREFERENCE, **A COPY OF YOUR MOST RECENT DD214 MUST BE SUBMITTED WITH THIS APPLICATION.**

## \*APPLICANT’S STATEMENT

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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

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.

Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and /or Federal law.

\*FRS form – Must be completed for consideration

## 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 \_\_\_\_\_

Agency Name **HARDEE COUNTY BOARD OF COUNTY COMMISSIONERS**

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> calendar 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-participating 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-participating employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> calendar 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-participating 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-participating employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> calendar 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 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.

<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-participating 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> calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.

CERT

Revised 05/2018

EMPLOYERS: RETAIN THIS FORM IN THE EMPLOYEE'S PERSONNEL FILE. DO NOT SEND THIS FORM TO THE FRS, UNLESS REQUESTED.

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