

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: _____

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

Employer: _____
 Address: _____
 Job title: _____ Employed from: _____ To: _____
 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: _____

CHARLOTTE COUNTY PROPERTY APPRAISER
V. FRANK DESGUIN, CFA, CAE
APPLICATION FOR APPOINTMENT



Florida Retirement System (FRS) - Certification Form

This form is **not** an offer of employment nor is it an enrollment form. If hired, an FRS Retirement Choice kit will 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.

SIGNATURE

DATE

STOP HERE

II. Indicate your previous State of Florida administered retirement plan **and** complete Section III or IV.

FRS Pension Plan (incl. DROP)

TRS

Other¹

FRS Investment Plan

SCOERS

III. I am **not retired**² from any State of Florida administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months or received my first distribution or rollover from the FRS Investment Plan within the last 6 calendar months. I understand that if it is later determined that I have violated the termination or reemployment provisions of the FRS, I **must repay** any benefits received. **My employer may also be liable for repaying any benefits I have received.**

SIGNATURE

DATE

IV. I am **retired**² from the Florida Retirement System. The effective date of my retirement or conclusion of DROP from the Pension Plan, or first distribution from the FRS Investment Plan was _____.

I understand that as a Pension Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first calendar month** after I retired or ended my participation in DROP, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**³, and I must reapply for retirement benefits before my retirement will be effective.

b. If I am reemployed at any time during the 2nd through the 12th months after my retirement or conclusion of DROP, my monthly retirement benefit **must be suspended**³ during these months of my retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

I understand that as an Investment Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) 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 at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional Investment Plan distributions³ until I terminate employment or complete 12 calendar months of retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

SIGNATURE

DATE

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, non-FRS plans are available to certain State University (i.e., SUSORP), Community College (i.e., CCORP) and State Senior Management Class (i.e., SMSOAP) employees. Contact your employer for deadline and other information.

²You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution (including a rollover) under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP).

³The Division of Retirement and the Investment Plan Administrator have the right to request a return of distributions received in violation of the reemployment provisions.