



PENSACOLA
STATE COLLEGE

ADJUNCT

Pre-Employment

Information Packet

Note: Submit résumé and unofficial transcript(s) with the completed information packet to the appropriate academic department.



Acknowledgement Form

TO: _____
Academic Department

FROM: _____
Applicant's Printed Name

DATE: _____

Enclosed is the completed pre-employment information packet for the applicant named above.
This information packet includes the following documents:

- 1. Acknowledgement Form
- 2. Employment Application
- 3. Voluntary Information Form
- 4. FRS Retirement Status Statement
- 5. Résumé
- 6. Unofficial Transcript(s)

Applicant's Signature

Date



An Equal Access/Equal Opportunity Employer
Human Resources Department
1000 College Boulevard
Pensacola, FL 32504
Phone: (850) 484-1799 Fax: (850) 484-1711

EMPLOYMENT APPLICATION

- Copy of post-secondary transcripts required for executive, faculty, professional/managerial, and adjunct positions.
- Type or print in blue or black ink.
- Complete all sections in detail and sign the application.
- Submit a separate application for each vacancy.
- A resume may be attached but is not accepted in lieu of completing all sections of this form.
- Accurate information provides an evaluation of your qualifications; information provided is subject to verification.
- If special assistance or accommodations are needed during the application/interview process, contact the Human Resources Department.

Position: _____ **Date:** _____

Check one: Career Service Executive Faculty Professional/Managerial Adjunct

APPLICANT INFORMATION

1. Name _____
Last First Middle

2. Social Security Number (Last 4 digits only) _____

3. Telephone _____
Home Phone Work Phone Cell Phone

4. Address _____
Street Address

_____ City State Zip E-mail Address

5. Are you legally authorized to work in the United States? Yes No

6. Will you now or in the future require sponsorship for employment visa status (e.g., E-3, H-1B, O-1, TN, etc. visa status)? Yes No The College does not usually sponsor applicants for work visas.

7. Have you ever been employed by a Florida Community College or Florida State Agency? Yes No
If yes, which college or agency, and when? _____

8. Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

9. Have you ever had a license suspended or revoked? Yes No
If yes, please explain: _____

10. Please list any other name(s) you may be known by: _____

11. Where did you learn of this job opening? _____

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, pregnancy, disability, sexual orientation or genetic information in its educational programs, activities, or employment. For inquiries regarding Title IX and the college's nondiscrimination policies, contact the Director of Institutional Diversity/Title IX at (850) 484-1759, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504.

EDUCATION

Photocopies of post-secondary transcripts are required for executive, faculty, and professional/managerial positions. Transcripts may also be required for certain career service positions as listed in the minimum qualifications (see job description for details). Official transcripts may be required later in the process; official transcripts will not be returned. Transcripts must document the appropriate degree awarded as required in the minimum qualifications.

School	Name and Location	Graduated	Dates Attended	Type of Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior/Community College		Year Graduated _____		
College and/or University		Year Graduated _____		
Graduate/Post-Graduate School		Year Graduated _____		

CERTIFICATIONS/LICENSURES (Please include last renewal date.)

PUBLICATIONS

REFERENCES

List three people, other than relatives, who have knowledge of your professional or educational background. May we contact your present employer for a reference? Yes No

	Name	Position/Title	Daytime Phone Number
1.	_____	_____	_____
Address	_____		
2.	_____	_____	_____
Address	_____		
3.	_____	_____	_____
Address	_____		

EMPLOYMENT EXPERIENCE

List all employment, starting with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties _____

Reason for Leaving _____

EMPLOYMENT EXPERIENCE (continued)

List all employment, starting with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving _____

APPLICANT'S CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and resume, if applicable, and give the College permission to contact schools, previous employers, references, and others, and hereby release the College from any liability as a result of such contact. I understand that misrepresentations, omission of facts, or incomplete information in this application may eliminate me from employment consideration.

In addition, if employed, any misrepresentation or omission of facts given in this application may be cause for termination of employment.

Applicant's Signature _____ Date _____



VOLUNTARY INFORMATION

The following information is voluntary but is needed to input a required field in our payroll system.

Last Name	First Name	Last four digits of SSN
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ETHNIC BACKGROUND

- American Indian or Alaskan Native
- Asian
- Black or African American (not Hispanic origin)
- Hispanic or Latina
- Native Hawaiian or Other Pacific Islander
- White (not Hispanic origin)

GENDER Male Female

DISABLED Yes No

VETERAN Yes No

Signature	Date
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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 (last 4 digits) _____

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**)¹

- 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 7th through the 12th 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.**

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.

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**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-participating employer at any time during the 7th through the 12th calendar 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, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-participating 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-participating employer at any time during the 7th through the 12th calendar months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

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-participating 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, adjunct professors, 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. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There 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 7th through 12th calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.