



An Equal Access/Equal Opportunity Employer  
Human Resources Department  
1000 College Boulevard  
Pensacola, FL 32504  
HumanResources@pensacolastate.edu  
Phone: (850) 484-1760 Fax: (850) 484-1711

## Adjunct Employment Application

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- 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 application.
  - Accurate information is necessary for the 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 at 850-484-1760.
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## Applicant Information - Application

Full Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Mobile

Address: \_\_\_\_\_  
Street Address, City, State, and ZIP

Email Address: \_\_\_\_\_

	Yes	No
Are you legally authorized to work in the United States?		
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)? <i>The College does not usually sponsor applicants for work visas.</i>		
Have you ever been employed by a Florida Community/or State College, or other Florida state agency? If yes, which College or Agency and when?		
Have you ever been convicted of a felony? If yes, please explain:		
Have you ever had a license suspended or revoked? If yes, please explain:		

Please list any other name(s) you may be known by: \_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_



## Applicant Education

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Official transcripts will be required later in the process. Transcripts must document the appropriate degree awarded as required for the position for which you are hired.

Name of School Attended:	Location:	Graduated? If Y, indicate year:	Dates Attended:	Type of Degree Earned:
High School				
Junior / Community College				
College and / or University				
Graduate / Post- Graduate School				

Certifications/Licensures (Please include last renewal dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Publications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Applicant Experience

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List all employment, starting with the most recent employer. Account for all periods, including unemployment. Provide a detailed description of your skills required for the position for which you are hired.

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

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## Applicant Experience

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

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## References

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List three people, other than relatives, who have knowledge of your professional or educational background.

1. Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

May we contact your present employer for reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_



## Background Check Information and Instructions

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In accordance with the College policy, **all employees, students, interns, and volunteers must complete a Level I background check** once they have been selected for employment or scheduled for an assignment. Certain positions require a Level II screening, and those new employees will be advised.

- Newly hired applicants/employees will receive an email from **ClearStar - CS Connect** in the email address indicated on the application. The email will provide a link to the ClearStar web service and instructions on how to complete the steps to generate a background check.
- Payment for the background check process is **paid by the employee via a one-time payroll deduction of \$38.00**. An authorization for deduction acknowledgment will be provided in this packet and in onboarding, and Payroll will process the set up for such deduction.
- Drug Screening (based on position): Drug screenings will be processed for adjunct faculty in health-field related programs and participating in clinical education at a facility requiring a 10-panel drug screening result; or are employed as bus and/or truck driver required under Department of Transportation for a five-panel drug result. After initial background check, please contact Donna Davidson in Human Resources on how to proceed with the drug screening: [ddavidson@pensacolastate.edu](mailto:ddavidson@pensacolastate.edu), or 850.484.1763. The College pays the cost of the drug screening.
- FDLE Level II background check (based on position): If a FDLE Level II background check is required, those employees will be referred to the **live scan location in building 5, Pensacola Campus and will complete a VECHS Waiver. The cost of the Level II screening is \$37.25 and will be paid via payroll deduction.**
- Volunteers and interns in non-paid assignments will be responsible to make a direct payment to the College's Cashier office and produce a receipt before the background check process is arranged.

Questions may be directed to:

Tammy Henderson  
Director, Human Resources  
Office Phone: 850.484.1766  
[thenderson@pensacolastate.edu](mailto:thenderson@pensacolastate.edu)

Melissa Jernigan  
Coordinator, HCM Processes and Employee Compensation  
Office Phone: 850.484.1198  
[mjernigan@pensacolastate.edu](mailto:mjernigan@pensacolastate.edu)



## Employee Payroll Deduction Authorization Form for Criminal Background Checks

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I understand that pursuant to College policy, it is an employment eligibility requirement for an applicant to meet the requirements of § 435.04(2), Florida Statutes, related to background investigations. Any person failing to meet the requirements of the statute will be deemed not qualified to hold employment. A background check will be conducted on every successful candidate as a condition of employment, and any person who fails to disclose any adverse information contained in the background investigation at the time of submitting an employment application will be disqualified from employment. Please reference the Board of Trustees' Policy, 6Hx20.1.036 and Procedure 438 for further information.

**By checking the box on the New Hire Onboarding Site, I authorize a one-time deduction of \$38.00 from my paycheck.**

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## Self-Identification Information (*Voluntary*)

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Please provide the following information for your employee record.

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)

<b>Marital Status:</b>	Single: _____	Married: _____
	Divorced: _____	Widowed: _____
<b>Gender:</b>	Female: _____	Male: _____
<b>Disabled:</b>	Yes: _____	No: _____
<b>Veteran:</b>	Yes: _____	No: _____

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 Executive Director, Institutional Equity and Student Conduct at (850) 484-1759, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504



## Loyalty Oath

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(As required by s. 876.05, Fla. Stat.)

I, \_\_\_\_\_, a citizen of the State of \_\_\_\_\_, and of the United States of America, and being employed by or an officer of the District Board of Trustees of Pensacola State College, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

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

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Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known: \_\_\_\_\_ Produced Identification: \_\_\_\_\_

Type of Identification

ID Number: \_\_\_\_\_

Driver's License/ State Identification Card

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

Notary: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Stamp:



## Transcript Agreement Form

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

I understand the position for which I am accepting/seeking employment requires documentation from the colleges / universities I attended, not just where a degree was earned. Additionally, I will be responsible for any associated transcript request fees.

I understand that my continued employment is contingent upon the receipt of the official transcript(s) from the colleges / universities I attended.

It is my responsibility to follow-up on any official transcript request submitted until all of my official transcripts have been received by the Human Resources Department.

I understand I can be employed for **only one academic term** without having the official transcripts on file. If my official transcripts are not on file by the end of my first academic term, I may not be eligible to continue to teach at Pensacola State College.

I also understand that the renewal of my contract is contingent upon the review and approval of my employment credentials by the appropriate Vice President, Dean, Department Head, and Director of Human Resources.

Official transcripts may be sent to Human Resources by either one of the following methods:

Electronically: [Humanresources@pensacolastate.edu](mailto:Humanresources@pensacolastate.edu)

Hand Delivery: Pensacola State College, Pensacola Campus, Building 7,  
Room 715

Mail: Pensacola State College  
ATTN: Human Resources Department  
1000 College Boulevard  
Pensacola, FL 32504-8998

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Applicant's Certification

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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 the application and resume, if applicable, and give the College permission to contact schools, previous employers, references, and others. I 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Executive Director, Institutional Equity and Student Conduct at (850) 484-1759, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504



## What to expect after submitting this packet:

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Once submitted, the Human Resources Department will begin processing your packet.

Upon completion of the hiring process, in the email you indicated in this packet, you will receive two separate emails:

- **First Email:** A welcome message from Pensacola State College, and your username for both the New Hire Onboarding site and our Single Sign On site, myPSC Apps. Your username is also the beginning of your PSC email.
- **Second Email:** The link and temporary password to the New Hire Onboarding site. The temporary password is **only valid** for the New Hire Onboarding site. On your date of hire, your default password will be [**employeeID@Psc**] < case does matter. To retrieve your employee ID, please contact your department or Human Resources.

The New Hire Onboarding dashboard (*homepage*) contains important information, including messages from the College president, your manager, and **network login instructions** for your first day.

Pre-employment tasks will be available in your Workday inbox in sections. When the tasks arrive, you will receive notifications in your personal email. **The link provided in those emails will not bring you the New Hire Onboarding site. Revert back to the original emails for the correct link.** If further explanation is needed on any onboarding items, feel free to reach out to Human Resources at 850.484.1760.



# 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 \_\_\_\_\_

**Pensacola State College**

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.

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**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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶**START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number):
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

**OR Code - Section 1  
 Do Not Write In This Space**

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**  
 2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee

Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/>	I did not use a preparer or translator.	<input type="checkbox"/>	A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

*Employer Completes Next Page*



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## Acknowledgment Form

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The documents listed below constitute a complete hiring process. My initials acknowledge that I have received, reviewed, and/or returned the below documents to the appropriate college staff member.

- \_\_\_\_\_ Applicant Information – Application \*
- \_\_\_\_\_ Background Check Information and Instructions +
- \_\_\_\_\_ Employee Payroll Deduction Authorization Form \*
- \_\_\_\_\_ Self-Identification Information Form (*Voluntary*) \*
- \_\_\_\_\_ Loyalty Oath \*
- \_\_\_\_\_ Transcript Agreement Form \*
- \_\_\_\_\_ FRS Employment Certification Form \*
- \_\_\_\_\_ Employment Eligibility Verification Form (I-9) \*
- \_\_\_\_\_ What to expect after completing and returning packet +
- \_\_\_\_\_ Legible copy of Social Security Card or Official National ID card \*
- \_\_\_\_\_ Legible copy of acceptable documents as outlined in page 16 (1 document from List A **OR** 1 document from List B **AND** 1 document from List C) \*
- \_\_\_\_\_ Legible unofficial transcripts (if possible) \*

\* Return with Packet

+ Informational Item, not required to be returned

Human Resources Department – Adjunct Employee Packet

revised 3/2022