



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 Faculty – Pre-Employment Packet

- Complete all sections in detail and sign the 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.
-



Background Check Information and Instructions

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 \$41.86**. 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, 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

Mel Miner
Coordinator, Human Resources
Office Phone: 850.484.1726
mminer@pensacolastate.edu



Employee Payroll Deduction Authorization Form for Criminal Background Checks

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 in Workday, I authorize a one-time payroll deduction of \$41.86 from my paycheck.



Self-Identification Information (*Voluntary*)

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)

Marital Status:	Single: _____	Married: _____
	Divorced: _____	Widowed: _____
Gender:	Female: _____	Male: _____
Disabled:	Yes: _____	No: _____
Veteran:	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

(As required by Chapter 876.05 Acts of 1967)

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: _____

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

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

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

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



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 _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

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.

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

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

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 the first 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 calendar 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.

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 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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What to expect after submitting this packet:

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 notices:

- **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.



Acknowledgment Form

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

_____ Background Check Information and Payroll Deduction Authorization *

_____ 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 *

_____ from List A **OR** 1 document from List B **AND** 1 document from List C) *
_____ Legible copy of acceptable documents as outlined in page 11

_____ Legible unofficial transcripts (if possible)

* Required