

**PENSACOLA STATE COLLEGE**  
Human Resources Office

**ADJUNCT**

**PRE-EMPLOYMENT**

**INFORMATION PACKET**

**(NOTE: Attach resume' and copies of unofficial transcripts  
and submit this information packet to the appropriate  
academic department.)**

**PENSACOLA STATE COLLEGE  
ACKNOWLEDGEMENT FORM**

**TO:** \_\_\_\_\_  
**Academic Department**

**FROM:** \_\_\_\_\_  
**Applicant's Name**

**DATE:** \_\_\_\_\_

**RE:** **Adjunct Packet for:** \_\_\_\_\_  
**(Subject)**

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

**DEPARTMENT HEAD ACKNOWLEDGEMENT FORM**

- 1. Acknowledgment Form
- 2. Application of Employment
- 3. FRS Retirement Status Statement
- 4. Social Security/FICA Alternative Plan Form
- 5. Resume
- 6. Copy of Transcript(s)

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# PENSACOLA STATE COLLEGE

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
- Please type or print in ink.
- Complete all sections in detail and sign the application.
- Submit a separate application for each vacancy.
- A resumé may be attached but is not accepted in lieu of completing all sections of this form.
- Accurate information helps us evaluate your qualifications, information provided is subject to verification.
- If you need special assistance or accommodations during the application/interview process, contact the Human Resources Department.

Position \_\_\_\_\_ Date \_\_\_\_\_

Check one:  Career Service  Executive  Faculty  Professional/Managerial

### 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 a citizen of the United States?  Yes  No  
(Proof of citizenship or authorization to work in the United States is required.)
6. Have you ever been employed by a Florida Community College or Florida State Agency?  Yes  No
7. If yes, which college or agency, and when? \_\_\_\_\_
8. How did you learn of this position? \_\_\_\_\_
9. Have you ever been convicted of a felony?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please list any other name(s) you may be known by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pensacola State College is an Equal Access Equal Opportunity/Affirmative Action Employer and fully subscribes to the principles of equal employment opportunity. Pensacola State College has adopted a program to ensure that all applicants and employees are considered for hire, promotion, and job status without regard to race, religion, color, sex, national origin, age, marital status or disability.

## EDUCATION

Photocopies of post-secondary transcripts are required for executive, faculty, and professional/managerial positions. Transcripts may also be required for some career service positions (please 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.)

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## PUBLICATIONS

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## REFERENCES

List three persons, 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

Please list all employment, **starting with your present or most recent employer**. Account for all periods including unemployment. **Please provide a detailed description of your skills as they relate to the minimum qualifications for the position you are applying for.**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_

Full-Time  Part-Time Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_

Full-Time  Part-Time Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_

Full-Time  Part-Time Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## EMPLOYMENT EXPERIENCE (continued)

Please provide a detailed description of your skills as they relate to the minimum qualifications for this position.

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_

Full-Time  Part-Time Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_

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 resumé, 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 \_\_\_\_\_

## FRS RETIREMENT STATUS STATEMENT

I. Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Agency Name \_\_\_\_\_

**Please complete Part II or Part III, as applicable.**

II. I am not retired from any Florida state-administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months.

Signature \_\_\_\_\_

Date \_\_\_\_\_

III. I am retired from the \_\_\_\_\_ Retirement System.  
The effective date of my retirement or conclusion of DROP was \_\_\_\_\_ . I understand that:

a. If I retired or participated in DROP under a State of Florida administered retirement system and I am employed in any type of position (temporary, part-time, or regularly established) during the first month of retirement, my retirement and DROP is void, all retirement and DROP benefits received must be repaid, and I must reapply for retirement benefits before my retirement will be effective.

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

c. If I am eligible for the exemption that limits reemployment to 780 hours, my benefits must be suspended after my employment reaches 780 hours during the limitation period.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Plan Overview

## Employee information

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) introduced into law Internal Revenue Code Section 3121(b)(7)(F). As a result, you, as a part-time, seasonal or temporary employee of a government employer, may deposit money into a private retirement plan, instead of Social Security.

Thus, you are not covered under Social Security.

Under the 401(a) FICA Alternative Plan, you contribute 7.5% of your compensation to an account in your name.

Any benefits which you have earned under any other retirement plan (as well as social security benefits) will not be reduced by participating in this plan.

Also, if you leave a position covered by this plan for any reason before retirement, you can withdraw the balance of your account, or continue to save the funds for retirement.

## Eligibility

All employees who are not covered by their employer's retirement plan are automatically enrolled in this plan.

There is no minimum age or service requirement.

## Contributions

- You contribute 7.5% of your compensation in place of Social Security tax deduction.
- You contribute before tax withholding is calculated, which reduces your current income taxes.
- You pay no taxes on your contributions or the earnings in your account until withdrawal.<sup>1</sup> Social Security taxes are never deducted.
- Individuals who are "active participants" for the year in certain tax-advantaged retirement plans, such as the FICA Alternative Plan, are subject to federal tax law limitations on deducting contributions for the same year to an Individual Retirement Account (IRA). These limitations also may affect a spouse's IRA deductions. Be sure to consult an independent tax advisor if you wish to take federal income tax deductions for contributions to an IRA.

## Vesting

You will always own 100% of your account balance.

## Investments

The investment options for this retirement plan are comprised of a Guaranteed Pooled Fund (an interest bearing account) and variable investment options. Wells Fargo is the trustee and handles all deposits into and distributions from the plan.

Investments are controlled by the participants. You may choose to invest your money in one or more of the 17 different funds available, using the enclosed investment election form.

You may change the investments whenever you like by obtaining a new investment election form from BENCOR Administrative Services, by phoning 1-888-258-3422 or visit [www.bencorplans.com](http://www.bencorplans.com). However, if you prefer not to direct the investments of your funds, they will automatically be placed into the Guaranteed Pooled Fund (an interest bearing account) option. The interest rate on the GPF is declared annually on January 1 for the calendar year. Information on all investment options is enclosed.

## Inactive Account Fees

No inactive account fees are charged to your account unless it has been two years since your last contribution AND your balance is less than \$1,000.00. At that time, if you do not elect a distribution, an account maintenance fee of \$0.40 per month will be applied.

## Statements

Account balances are updated daily. You will receive a statement of your account after the end of each calendar year. Contributions, earnings, and any other activity in your account, will be reflected on your statement.

## Withdrawals

Withdrawals from the plan may be made at the following times:

1. Termination of employment
2. Retirement
3. After age 70 1/2 or retirement, if later, when the IRS requires that minimum distributions be made to the participant each year
4. Your total disability
5. Your death

Withdrawals from your account may be made in a lump-sum cash payment (the IRS 10% penalty on early withdrawals does not apply to withdrawals upon separation at age 55 or later) or as a transfer into an IRA or into another retirement plan (no IRS penalty will apply). There are no loan or hardship withdrawal provisions in this plan.

To request a withdrawal, send a written request to BENCOR Administrative Services. Include on the request your name, mailing address, Social Security number, account number and the name of your plan sponsor. A distribution packet will be sent to you. After completing the distribution forms, return the packet to your employer.

Distributions are processed once each month. Your employer may require a waiting period before you are eligible for distribution.

<sup>1</sup>Income taxes are payable upon withdrawal. Federal restrictions and a 10% tax penalty may apply to early withdrawals.