



Adjunct Employee Hire Packet

Applicant's Name: _____

Employee ID Number (if known): _____

Department Name: _____

Department Head/Hiring Manager: _____

Campus: _____

Building/Room Number: _____

Expected Start Date: (for current assignment) _____

Delivered to Human Resources: _____



Acknowledgment Form

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

- _____ Acknowledgement Form
- _____ Adjunct Employment Application
- _____ Background Check Information and Instructions
- _____ Self-Identification Information Form
- _____ Loyalty Oath
- _____ Transcript Agreement Form
- _____ BENCOR FICA Alternative Information
- _____ Legible copy of valid Government issued photo I.D.
- _____ Legible copy of Social Security Card

Applicant Signature: _____ Date: _____

I acknowledge that I may not start working or be paid for working at Pensacola State College until I am onboarded in Workday as an adjunct faculty member.

Enclosed is the complete packet for the hiring of the person named above and includes the aforementioned documents. I acknowledge this packet is to be uploaded into Workday along with a legible valid copy of my government issued photo I.D. and Social Security Card.

Hiring Manager Signature: _____ Date: _____

Human Resources Department – Adjunct Employee Packet

revised 6/2021



An Equal Access/Equal Opportunity Employer
Human Resources Department
1000 College Boulevard
Pensacola, FL 32504
Phone: (850) 484-1759 Fax: (850) 484-1711

Adjunct Employment Application

- 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 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.

Position: _____

Date: _____



Applicant Information

Applicant's Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Telephone: _____
Home Work Mobile

Address: _____
Street Address, City, State, Zip Code

Email Address: _____

ID Number: _____
Driver's License / State Identification Card Issued Date Expiration Date

Are you legally authorized to work in the United States? Yes: _____ No: _____

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.

Have you ever been employed by a Florida Community College or Florida State Agency?
Yes: _____ No: _____

If Yes, which College or Agency, and when: _____

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please explain: _____

Have you ever had a license suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

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

How did you learn about this job opening? _____



Education

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.

Name of School Attended:	Location:	Graduated:	Dates Attended:	Type of Degree Earned:
High School		Yes: _____ No: _____		
Junior / Community College		Yes: _____ No: _____		
College and / or University		Yes: _____ No: _____		
Graduate / Post- Graduate School		Yes: _____ No: _____		

Certifications/Licensures (Please include last renewal dates):

Publications: _____



References

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: _____



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 you are applying for.

Employer Name: _____
Dates Employed: _____
Address: _____
Job Title: _____
Supervisors Name: _____
Full-time: _____ Part-time: _____
Hours per Week: _____ Salary: _____
Duties: _____

Reason for Leaving: _____

Employer Name: _____
Dates Employed: _____
Address: _____
Job Title: _____
Supervisors Name: _____
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 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's 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.



Background Check Information and Instructions

In accordance with the College policy, all employees, interns, and volunteers must complete a Level II background screening once they have been selected or scheduled for an assignment.

- Payment for the fingerprinting to acquire a criminal background check is paid by the employee via payroll deduction.
- The College's live scan equipment to acquire fingerprints is located at the Pensacola campus, Public Safety/College Police Department entrance area, Building 5. The department may be reached at (850) 484-2500.
- All parties who are printed by the College's live scan are required to complete a VECHS Waiver Form which will be provided at the Public Safety/College Police Department. Completed VECHS Waiver forms will be maintained by the College for each individual.

Questions may be directed to:

Tammy R. Henderson

Director, Human Resources

1000 College Blvd.

Pensacola, FL 32504-8998

Office Phone: (850) 484-1766

thenderson@pensacolastate.edu

Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.



Self-Identification Information

(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: ☐

Gender: Female: ☐ Male: ☐

Disabled: Yes: ☐ No: ☐

Veteran: Yes: ☐ No: ☐

Applicant's 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.



Loyalty Oath

(As required by Chapter 876.05 Acts of 1967)

I, _____, a citizen of the State of Florida, 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's Signature: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Notary:

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary: _____

Commission Expires: _____

Personally Known: _____

Produced Identification: _____

Type of Identification

ID Number: _____

Driver's License/ State Identification Card



Transcript Agreement Form

Applicant's Name: _____

I understand the position for which I am accepting/seeking employment requires documentation from the college / 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 college and universities I attended.

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

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

- Electronically: humanresources@pensacolastate.edu
- Mail: Pensacola State College
Attn: Human Resources College
1000 College Boulevard
Pensacola, FL 32504-8998

Applicant's Signature: _____ Date: _____



Social Security Withholdings

(BENCOR: FICA Alternative Plan 401(a))

Pensacola State College does not withhold Social Security taxes from an adjunct's pay. The College requires mandatory participation in a Social Security alternative plan. The Omnibus Budget Reconciliation Act of 1990 introduced Federal Legislation (Internal Revenue Code Section 312(B) (&) (F)) which allows the deposit of money into a private retirement plan for part-time employees. Pensacola State College adopted this Social Security/FICA Alternative Plan. The contribution of 7.5% of bi-weekly pay is deposited in an account in your name with BENCOR. No taxes are paid on your contributions or earnings in your account until a withdrawal of funds is made, and Social Security taxes are never paid on the funds. When an adjunct stops teaching or obtains a full-time position with Pensacola State College, he/she is eligible for distribution of the account funds by contacting BENCOR at 888-258-3422 or going online at <https://bencorplans.com>.

Contact Human Resources at 850-484-1772 for assistance.

PENSACOLA STATE COLLEGE - BENCOR 401(a) FICA ALTERNATIVE PLAN

Welcome to Pensacola State College BENCOR 401(a) FICA Alternative Plan (retirement plan). This letter provides general information about the Plan and where to find more detailed information.

What is this retirement plan? The Pensacola State College BENCOR 401(a) FICA Alternative Plan (Plan) is a qualified retirement plan under Federal tax law that covers part-time, seasonal and temporary employees of the College who are not covered by the Florida Retirement System. The Plan provides an alternative benefit to Social Security and exempts you from FICA (Social Security) payroll taxes. You continue to pay Medicare taxes on your wages. Enrollment in the Plan is automatic for every employee who works in a position covered by the Plan.

How much is contributed? You contribute 7.5% of your wages on a *pre-tax basis* (for income tax purposes) instead of paying Social Security taxes that otherwise would be determined and paid by you on an *after-tax basis*. You will see your Plan contribution amount reflected on your paycheck stub. Contributions are credited to an individual account in your name under the Plan.

How can I access my account? Go to www.bencorplans.com, click on **Participant Log On**, then select the **Get Started** box and follow the prompts to create your personalized user ID and password.

FEATURES OF THE PARTICIPANT WEBSITE	
* Unit Values	* Investment Fund Objectives
* Account Balance	* Fund Performance
* Account Balance, by Fund	* Address Changes
* Fund Transfers	* Investment Allocation Changes
* Online Beneficiary Designation	* Transaction History
* Download Forms	* Plan Overview

How is my account invested? The Plan offers different investment options in which you may choose to invest amounts contributed to your account. If you do not choose investment options, your account will be invested automatically in the guaranteed option, which may or may not be the best option for your particular circumstances. Therefore, it is very important for you to log on to your account at www.bencorplans.com as soon as possible to obtain information about all the available investments and choose the options that are appropriate for your own objectives and preferences.

Can I withdraw my account? Your account is always 100% vested and belongs only to you. The balance of your account will be available **after** your termination of employment, retirement or total disability. In the case of your death, the beneficiary or beneficiaries you name under the Plan will be able to withdraw your account balance. Funds may be withdrawn as a lump sum cash distribution, which is taxable for the year of withdrawal, or as a direct rollover to an IRA or eligible retirement plan, which defers your income tax obligation. To request a withdrawal, download a Distribution Request Form from www.bencorplans.com. Additional information about income taxes and rollovers is included with the form. Mail your completed form to Pensacola State College, Human Resources, 1000 College Blvd., Pensacola, FL 32504.

Your account is subject to the IRS Required Minimum Distribution rules after you reach age 70 ½, or retirement, if later.

Individuals who are "active participants" for the year in certain tax-advantaged retirement plans, such as this FICA Alternative Plan, are subject to federal tax law limitations on deducting contributions for the same year to an IRA account. These limitations also may affect a spouse's IRA deductions. Consult an independent tax advisor if you wish to take federal income tax deductions for contributions to an IRA.

Will I receive statements? Annual statements showing your account activity and ending balance are provided after the close of each calendar year. You may enroll in e-statements online to save mail time, paper and ink.

Are there any fees? There are no administrative fees charged to your account unless your balance is less than \$1,000 *and* no contributions have been made to your account for more than two years. At that time, if you do not elect a distribution, a monthly maintenance fee will apply.

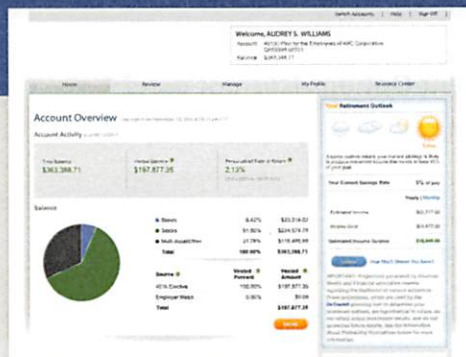
How can I get more information? To logon to your account for plan and account information, go to www.bencorplans.com. Click on the **Participant Log On** link to access your account. Logon tips for first time visitors are located on the logon page. After logging on, visit the **Communications** section and choose **Plan Related Forms** for an overview of the plan and website, or dial a Bencor Customer Service Representative at 1-888-258-3422, option 1. Representatives are available Monday – Friday, 8:30 a.m. through 5:00 p.m., Eastern Time.

Easy access to your account

www.bencorplans.com

First-Time Users

- Select "Participant Log On."
- Click "Get Started."
- Follow the instructions to establish a customer ID and password.



Frequent Users

- Click "Participant Log On."
- Sign in to your account by entering your customer ID and password.
- Click on the name of the account you want to access.

Your plan website is the first step for anything you want to know about your account. Use it to sign in to your account, find information about your retirement plan benefits, and learn more about saving for your future.

Once you have signed in, you can review the current status of your account, make changes, and access tools to help you personalize your retirement strategy. From the main menu, scroll over the five tabs—**Home**, **Review**, **Manage**, **My Profile**, and **Resource Center**—and select the action you want to take from the drop-down lists.

Check Account Balance

- Balance automatically appears on Account Overview page (in the Home menu at the top of the screen).
- For account balance by fund, click "Details."

Review Investment Performance

- To get performance and fee details for all the funds in your plan, in the Review menu, click "Fund and Fee Information."

Change Future Investment Allocations (new contributions)

- To choose or change how new contributions will be invested, in the Manage menu, click "Future Allocations."

Transfer Between Investment Options (current assets)

- To transfer balances between individual or groups of funds, in the Manage menu, click "Transfers."
- To change your overall investment mix, in the Manage menu, click "Current Allocations."

Forms and Beneficiary Information

- To locate forms and beneficiary information, in the Home menu, select "Forms" or "Beneficiaries."

Customer service

- From the top right on any page, select **Help**.

When you enter a change, a confirmation will be sent the following business day. Changes that are completed prior to 4 p.m. ET will be valued using the market closing unit values for that day. Changes completed after 4 p.m. ET will be valued using the market closing unit values for the following business day.



Brighten Your Outlook™

Easy access to your account

Call 888-258-3422, option 1

First-Time Callers

- Call 888-258-3422, option 1.
- Enter your Social Security number.
- Follow the prompts for creating your Personal Identification Number (PIN).



Frequent Users

- Call 888-258-3422, option 1.
- Enter or say your Social Security number.
- Choose the account you wish to access.
- Enter or say your PIN.

Check Account Balance

- Account balance automatically offered.
- For account balance by fund, say "Account information," then "Balances."

Review Investment Performance

- Say "Hear account information."
- Say "Fund information," then "Performance."

Change Future Investment Allocations (*new contributions*)

- Say "Change my account."
- Say "Future allocation."
- Provide updates to investment allocation.

Confirmation sent the following business day.

Please note that this allocation change impacts only your future contributions.

Transfer Between Investment Options (*current assets*)

- Say "Change my account."
- Say "Transfer current assets."
- Provide transfer information.

Confirmation sent the following business day.

Please note that changing current allocations does not change how your future contributions will be invested.

Customer Service

- Say "Speak to a counselor."



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):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- ☐ 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):

- ☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(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"> 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 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. 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 		<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 For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<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

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

Refer to the instructions for more information about acceptable receipts.



WORKERS' COMPENSATION

Employees of Pensacola State College are covered for workers' compensation. The Florida College System Risk Management Consortium (FCSRMC) coordinates this program of self-insurance, and Johns Eastern, processes claims.

All accidents and incidents arising from an employee's work must be reported to your supervisor. After hours accidents may be reported to the Public Safety Department, at **extension 2500**. Please see below and the following page for more information.

What if I require non-emergency care?

In case of an injury or illness on the job, after notifying your supervisor, contact the Pensacola State College Human Resources Department, at **extension 1766**, immediately. The Human Resources Director will refer you, as needed, for treatment and/or follow-up.

What if I require emergency care?

In the event of an emergency, proceed immediately to the nearest emergency facility. Care received as follow up to an emergency treatment will be coordinated by the Human Resources Director at extension 1766.



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Workers' Compensation.

The Employee Assistance Office of the Division of Workers' Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the workers' compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or e-mailing us at: wceao@myfloridacfo.com.

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at: https://www.myfloridacfo.com/Division/WC/Employee/eao_offices.htm.

Sincerely,

Employee Assistance Office Division of Workers' Compensation
Florida Department of Financial Services Provides

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation • Employee Assistance and Ombudsman Office
200 East Gaines Street • Tallahassee, Florida 32399-4225 • Tel. 1-800-342-1741
Email • wceao@MyFloridaCFO.com

AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

Human Resources Department – Adjunct Employee Packet

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