



Adjunct Employee Hire Packet

Applicant's Name: _____

ID Number (if known): _____

Department Name: _____

Department Head/Hiring Manager: _____

Campus: _____

Building: _____

Date: _____



Acknowledgment Form

The documents listed below constitute a complete hiring process. I acknowledge that I have received, reviewed, and/or 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
- _____ Workers' Compensation
- _____ Legible copy of valid Government issued photo I.D.
- _____ Legible copy of Social Security Card

Applicant Name: _____ Date: _____

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 the government issued photo I.D. and Social Security Card.

Hiring Manager Name: _____ Date: _____



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

Adjunct Employment Application

- Copy of post-secondary transcripts required for executive, faculty, professional/managerial, and adjunct positions.
 - Complete all sections in detail and acknowledge 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.
-

Position: _____

Date: _____



Applicant Information

1. Full Name: _____
Last First Middle
2. Social Security Number (last 4 digits only): _____
3. Telephone: _____
Home Work Mobile
4. Address: _____
Street Address

City, State, Zip Code
Email Address: _____
5. Are you legally authorized to work in the United States? Yes: _____ No: _____
6. Will you now or in the future require sponsorship for employment visa status (e.g. E-3, H-1B, O-1, TN, etc. visa status) Yes: _____ No: _____
The College does not usually sponsor applicants for work visas.
7. Have you ever been employed by a Florida Community/or State College, or other Florida state agency?
Yes: _____ or No: _____
If Yes, which College or Agency, and when: _____
8. Have you ever been convicted of a felony? Yes: _____ No: _____
If yes, please explain: _____
9. Have you ever had a license suspended or revoked? Yes: _____ No: _____
If yes, please explain: _____
10. Please list any other name(s) you may be known by: _____
11. 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: _____

2. Name: _____
Position/Title: _____
Daytime Phone Number: _____
Address: _____

3. Name: _____
Position/Title: _____
Daytime Phone Number: _____
Address: _____

May we contract 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: _____

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

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 Name to signify signature agreement:

_____ 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. An authorization for deduction form will be provided, and Human Resources will process the set up for such deductions.
- 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 in your Workday onboarding or will be available at the Public Safety/College Police Department. Completed VECHS Waiver forms will be maintained by the Human Resources Department 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)

Applicant's Name: _____

Social Security Number (last 4): _____ Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

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: _____

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.

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

Human Resources Department – Adjunct Employee Packet

revised 2/2021



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 as either a full-time faculty member or an adjunct instructor is contingent upon the receipt of the official transcript(s) from the college(s) and 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 Human Resources.

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 State Campus
Building 7, Room 715

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

Applicant's Signature: _____ Date: _____



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

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