



ENGLEWOOD WATER DISTRICT EMPLOYMENT APPLICATION

We are pleased that you are interested in a position with the Englewood Water District. It is most important that you fill out this application completely. Incomplete forms will not be accepted for employment. The information on this application remains active for a twelve (12) month period from submittal.

AREAS OF EMPLOYMENT INTEREST

Position Applied For: _____ Date Available: _____

PERSONAL DATA

Date: _____ Email: _____

Name: _____
Last First Middle

Address: _____
Street Apt. # City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Have you ever been employed anywhere under any other name(s)? _____ Yes _____ No

If Yes, Please list name(s): _____

Does the Englewood Water District employ any relative (by blood or marriage) or cohabitant of yours?
If yes, give name and relationship _____

Have you previously worked for the Englewood Water District? _____ Yes _____ No

If yes, please list dates of employment and job position: _____

Are you a citizen of the United States? _____ Yes _____ No

If hired, can you show proof of authorization to work in the United States? _____ Yes _____ No

EDUCATION

Highest grade completed:

Highest College Level Completed:

Degree and/or

Diploma

Name & Location of School

Course of Study

Graduate _____

College _____

Trade/

Technical _____

High School/

GED _____

Do you have any certifications, licenses, special trainings, or specific job skills that are relevant to your degree or the position being applied for?

EXPERIENCE

Start at the top with your most recent experience and work backward. Describe all your work experience thoroughly, indicate how it relates to the position you are applying for. Failure to provide complete information may result in disqualification of your application.

Employer Name: _____ Telephone: _____

Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ May We Contact For A Reference: _____

Duties: _____

Reason for Leaving: _____

Employer Name: _____ Telephone: _____

Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ May We Contact For A Reference: _____

Duties: _____

Reason for Leaving: _____

Employer Name: _____ Telephone: _____

Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ May We Contact For A Reference: _____

Duties: _____

Reason for Leaving: _____

Employer Name: _____ Telephone: _____

Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ May We Contact For A Reference: _____

Duties: _____

Reason for Leaving: _____

If you need additional room for prior work experience, please use additional sheets of paper.

VETERAN'S PREFERENCE

Check the appropriate line if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- ____ 1. A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Veteran's Administration and the Department of Defense, or
- ____ 2. The spouse of a veteran who cannot qualify for employment because of a total disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- ____ 3. A veteran of any war who has served on active duty for at least 1 day and was honorably discharged from the Armed Forces of the United States of America and any part of such active duty was performed during a wartime era, excluding active duty training, or
- ____ 4. The un-married widow or widower of a veteran who died of a service-connected disability.

Branch of Service

Date of Entry

Date of Discharge

Describe any training received relevant to the position for which you are applying:

PERSONAL DATA

A prior record of conviction(s) will not necessarily disqualify you from employment. Each case is considered individually. Withholding or falsifying information may result in termination if hired.

(1) Have you ever been convicted of a felony? ____ Yes ____ No
If yes, list date, place, offense and fine (or sentence) for each.

(2) Do you have a valid Florida driver's license? ____ Yes ____ No

Number _____ Class/CDL _____

Endorsements _____ Expiration Date: _____

(3) Have you been cited for any violations in which points were assessed against your license in the past 3 years? ____ Yes ____ No

If yes, how many violations? _____ and how many points? _____

(4) Has your Florida driver's license been suspended or revoked in the past 3 years? ____ Yes ____ No

If yes, for what violations? _____

and for what period of time? _____

REFERENCES

List three persons not related to you who have knowledge of your character:

(1) _____
Name Area Code/Phone

Email Occupation

(2) _____
Name Area Code/Phone

Email Occupation

(3) _____
Name Area Code/Phone

Email Occupation

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

CERTIFICATION: I certify that the information set forth in my employment application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated, or false information furnished by me will subject me to disqualification or to discharge from employment at any time. I understand that it is my responsibility to include with my application copies of any education, license, or certification requirements for the position for which I have applied. I understand that final approval of employment depends upon satisfactory completion of a background check and a post-offer of employment physical examination including a voluntary drug/alcohol screening at the District's expense. Any illegal substance controlled or otherwise, which shows in my drug/alcohol screen results will result in my immediate disqualification from employment with the Englewood Water District. I further understand that if I am hired by the Englewood Water District, the Immigration Reform and Control Act of 1986 requires that I provide certain information, including date of birth, country of origin, and statement of employment eligibility. In addition, I understand that I will be required to provide documents establishing my identity and authorization to work in the United States.

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my employment. I authorize the Englewood Water District to make any investigation of my background as deemed necessary to verify my qualifications for the position for which I am applying.

Applicant's Signature: _____ Date: _____
(Unsigned application will not be processed)



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 _____

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.

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.

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