

**Human Resources Date Stamp:** 

Rev. Date: 09/25/2014

City of Sunny Isles Beach
Employment Application Documentation
Human Resources Department
18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 792-1643 Fax

Name	e: Position Applying for:
	k you for expressing an interest in working with the City of Sunny Isles Beach. The following information is ded to assist you in the employment application process:
•	Job postings are available on the city's website: <a href="www.sibfl.net">www.sibfl.net</a> . Please read the job posting in its entirety and apply only for those jobs for which you meet the minimum qualifications.
•	Under Florida law, employment applications are open for public inspection.
THE	FOLLOWING COPIES OF DOCUMENTS AND INFORMATION MUST BE SUBMITTED AT TIME
	APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DOCUMENTS CAN BE
UPLO	DADED WITH YOUR ONLINE APPLICATION.
	DOCUMENTS REQUIRED BY ALL APPLICANTS: Please check boxes below to indicate attached items.
	HIGH SCHOOL DIPLOMA or CERTIFICATE OF EQUIVALENT EDUCATION or CERTIFIED COLLEGE TRANSCRIPTS
	CITY OF SUNNY ISLES BEACH VETERAN'S PREFERENCE CLAIM FORM (if applicable)
	DD214 MILITARY RELEASE FORM (if applicable)
	<b>CERTIFIED COPY OF DEPARTMENT OF MOTOR VEHICLE DRIVER'S LICENSE HISTORY (7 YEARS)</b> . (if job posting states Florida Driver's License required)
	PROOF OF ANY LICENSES AND/OR CERTIFICATIONS REQUIRED BY POSITION
	APPLICANT CONSENT AND AUTORIZATIONS FORM (required)
	EMPLOYMENT INQUIRY RELEASE FORM (required)
	JOB APPLICANT CONSENT TO DRUG TESTING FORM (required)
	NOTIFICATION OF SOCIAL SECURITY NUMBER USAGE FORM (required)
	<b>PARENT/GUARDIAN AUTHORIZATION FOR FINGERPRINTING/BACKGROUND OF MINOR CHILD</b> (required for applicants under the age of 18)
	LABORCHEX FORM (required)
	SOFTECH DISCLOSURE AND RELEASE FORM (required)
	ADDITIONAL DOCUMENTS REQUIRED BY POLICE OFFICER APPLICANTS:  Please check boxes below to indicate attached items.
	rease their boxes below to maleute attached hems.
	ALL DOCUMENTS LISTED IN PRIOR SECTION
	PROOF OF FLORIDA DEPARTMENT OF LAW ENFORCEMENT (FDLE) CERTIFICATION
	<b>PROOF OF SUCCESSFUL COMPLETION OF TEST FOR ADULT BASIC EDUCATION (T.A.B.E.)</b> (Applicants with an Associate's Degree or higher are exempt from the T.A.B.E. test only.)
	<b>PROOF OF SUCCESSFUL COMPLETION OF PHYSICAL AGILITY TEST</b> (test results must be from 6 months prior to application date and must be from an FDLE approved testing center)
	<b>PROOF OF SUCCESSFUL COMPLETION OF SWIM TEST</b> (test results must be from an FDLE approved testing center)

# UNINY ISLY

# City of Sunny Isles Beach Applicant Consent and Authorizations

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160 (305) 792-1708 Phone (305) 792-1643 Fax

# Please read carefully before signing

## **Application Certification Statement:**

I hereby certify that all of the information provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

#### **At-Will Statement:**

I understand that submission of an application does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Sunny Isles Beach or accepted that such employment is "at-will" and does not create a contractual obligation upon the City of Sunny Isles Beach to continue to employ me in the future.

# **Pre-Employment Screening Authorization:**

I understand that if offered a position with the City of Sunny Isles Beach, I will be required to submit to a preemployment medical examination, drug screening and background check as a condition of employment. Additional tests, as deemed necessary by the City, may be required as a condition of employment. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks. I understand that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

## **Background Check Authorization Statement:**

By signing this statement, I hereby authorize verification of my background and conviction record and authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to the City of Sunny Isles Beach and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

# Loyalty Oath & Identity and Employment Eligibility:

Persons selected for employment must take a Loyalty Oath as per Florida Statute 876.05 and establish identity and employment eligibility under the Immigration Reform and Control Act 1986.

# City Policy (Rules and Regulations):

In consideration for my employment I agree to conform to the rules and regulations of the City. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the City's sole option and without prior notice to me.

## **Smoke Free Workplace Policy:**

The City of Sunny Isles Beach is a Smoke Free Workplace. Smoking is not allowed while on duty. Smoking is not allowed at city-sponsored functions while on duty or while representing the City in an official capacity. Smoking is not allowed in City buildings or vehicles at any time. This includes chewing tobacco and/or tobacco related products and electronic cigarettes.

This acknowledgement and consent shall continue to be in effect during my active employment

I have read, understand, and agree to the terms of the above statements.				
Printed Name	Signature	Date		

# City of Sunny Isles Beach Employment Inquiry Release

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160 (305) 792-1708 Phone (305) 792-1643 Fax

I understand as a condition of employment that statements I have made either verbally or in writing in the course of my seeking employment with the <u>City of Sunny Isles Beach</u> will be verified through various sources including but not limited to a Criminal History Records search, Drivers License History, Former and current employers, personal references and consumer credit report.

I hereby authorize the City of Sunny Isles Beach to obtain any information in files pertaining to my employment records including, but not limited to, achievement, attendance, personal history disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Sunny Isles Beach. Consent is further granted for the City of Sunny Isles Beach to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, Report of Separation, to the City.

Full Name:		
Other Prior Names/Aliases:		
Current Address:		
Telephone:	Cell:	
Drivers License #:	State:	
Applicant Printed Name	Signature	Date
Witness Printed Name	Signature	Date
Police Officer Applicant State of,	s must have this document nota County of	rized.
Before me personally appeared of his/her own free will and accord, with full know		executed the above instrument
Sworn and subscribed in my presence this My Commission expires on		
Personally known or - Type	of Identification Produced:	
Notary Seal		Notary Signature



# City of Sunny Isles Beach Job Applicant Consent to Drug Testing

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160 (305) 792-1708 Phone (305) 792-1643 Fax

As a prerequisite to employment, I hereby agree to allow City of Sunny Isles Beach to collect urine samples from me to determine the presence of drugs in my body. Further, I give my consent to the release of my test results to authorized City of Sunny Isles Beach management for appropriate review, and authorize City of Sunny Isles Beach to use the test results as a defense to any legal action to which I am party.

I understand that any illegal or unprescribed controlled substance which shows in my test results will cause my immediate disqualification for employment consideration. I also understand that if I refuse to consent, I will be removed from further consideration for employment. Further, I understand that, if employed by City of Sunny Isles Beach must abide by the terms of City of Sunny Isles Beach Drug Free Workplace Policy and may be required to submit to testing for the presence of alcohol and/or other drugs.

I understand that submission to testing for the presence of alcohol and/or other drugs is a condition of employment with City of Sunny Isles Beach I further understand that (1) if I refuse to take the test(s), (2) if I refuse to authorize release of the test results to City of Sunny Isles Beach or (3) if the test(s) establish a violation of City of Sunny Isles Beach policies concerning alcohol and/or other drug use disciplinary action up to and including discharge may result.

In addition, I understand that if I am injured in the course and scope of my employment and test positive for drugs and/or alcohol. I may forfeit my eligibility for medical and indemnity benefits under the Workers-Compensation Act upon exhaustion of the remedies provided in Florida Statute#440.102(5)

**Printed Name** 

Printed Name

Witness:

Signature

Signature

Date

Date



# City of Sunny Isles Beach Notification of Social Security Number Collection and Usage

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160 (305) 792-1708 Phone (305) 792-1643 Fax

In compliance with Florida Statutes §119.071(5), the City of Sunny Isles Beach collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing Direct Deposit transactions;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;

#### NOTIFICATION

Providing a Social Security number is a condition of employment at the City of Sunny Isles Beach. The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

I understand the above information and have been given a copy of this document.			
Printed Name	Signature	Date	



# City of Sunny Isles Beach

# Parental/Guardian Consent for Employment of Minor Child

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, Fl 33160 (305) 792-1708 Phone (305) 792-1643 Fax

<u>If Applicant is under 18</u>, parental/legal guardian consent is required for the Applicant's employment with the City of Sunny Isles Beach or for participation in the Volunteer Program.

Dear Parent/Legal Guardian,	
Your minor child is applying with the City of Sunny Isles Beach. Part of the employment/voluntee checks and pre-employment medical and drug testing. Additionally, visign and adhere to various employment-related City policies and proced	olunteers and employees are required to
Background checks are processed through the Florida Department of Employee Criminal History Systems (VECHS) at no cost to you. Please appointment is conditioned upon the successful completion of the emp	note that employment and/or volunteer
At this time, we are requesting your authorization to have your minor process, which includes the following:	child processed through our employment
Screenings & Background Checks  1. Pre-Employment Medical and Drug Testing Screenings  2. FDLE VECHS Fingerprinting (Criminal Background Check)	
City Policies and Consent Forms to be executed  1. Applicant Consent and Authorization 2. Employment Inquiry Release 3. Job Applicant/Employee Consent to Drug Testing 4. Drug-Free Workplace Police Summary and Acknowledgement 5. Social Security Number Collection 6. Computer Networking and Electronic Mail/Internet Use Policy 7. Sexual and Other Harassment Policy 8. Public Employees Oath of Office 9. Affidavit of Good Moral Character 10. Compensatory Policy 11. Workers Compensation Medical Management Agreement Ack	•
Consent to Treatment. I authorize such physician or medical staff as minor medical treatment deemed necessary, or to take the Applican hospital for treatment, if necessary.	
Participation In Voluntary Program. I hereby give my consent fo guardianship to participate in the City of Sunny Isles Beach Volunteer the child under my legal guardianship is not entitled to any City Comper By signing below as parent/legal guardian, you are agreeing to t	Program. I acknowledge that my child or sation or fringe benefit for this activity the Terms and Conditions; Release and
Indemnification Agreement; Consent to Treatment; Participation in Screening (Background and Fingerprinting) sections contained and set	
Signature of Parent/Legal Guardian	Date

**Printed Name of Parent/Legal Guardian** 

**Telephone Number** 

# DISCLOSURE AND RELEASE

In connection with my application for employment including contract for services with City of Sunny Isles Beach investigative reports will be ordered. These reports may include the following types of information: driving records, ID Verification, Social Security authentication, drug testing, PSP, criminal records and other possible important information in order to validate the status of my possible or continued employment.

# I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: Softech International, Inc., 13501 S.W. 128<sup>th</sup> Street, Suite 111, telephone (888) 318-7979 upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

☐ California, Minnesota and G	Oklahoma Applicants only: Check box if you
request a copy of any consumer rep	oort ordered on you.
Print Name	Social Security No.
Applicant's Signature	Driver's License No.
ripphount o organicare	Biller's Electise Ive.
-	0
Date	State of Driver's License
Date of Birth	

Created 03/08/2011 Rev. 03/23/2011



# ORDER TRANSMITTAL SHEET

EMAIL TO: orders@laborchex.com

Please complete this form and submit it with any order that is emailed to us for processing. **The Authorization** signed by the applicant (or current employee) **should accompany this sheet**.

I warrant that I have been fully authorized by the Client nan			
CLIENT NAME: City of Sunny Isles Beach  I warrant that I have been fully authorized by the Client named above to submit this background investigation request and make th certifications herein. In placing this order on behalf of Client, I hereby certify to Laborchex that (1) the requested consumer report is bein ordered solely for employment purposes and for no other purpose; (2) the information obtained will not be used in violation of any federa or state equal opportunity law or regulation; (3) prior to ordering or causing the report to be ordered Client: (i) has made a clear an conspicuous disclosure in writing to the consumer/applicant, in a document that consists solely of the disclosure, that a consumer repor may be obtained for employment purposes; and (ii) has obtained the consumer/applicant's written authorization to obtain the report. Clier further certifies to Laborchex that prior to taking any adverse action based in whole or in part on the report, Client will provide the followin to the consumer/applicant: (a) a copy of the consumer report; (b) a copy of the document named a "Summary of Your Rights Under the Fa Credit Reporting Act" previously provided to Client by Laborchex, and (c) a Pre-Adverse Action notification (a letter that notifies Consume that you may take adverse action based on the report, and are providing him/her a sufficient amount of time before taking adverse actio to dispute any information contained in the Consumer Report, prior to your final adverse action decision). Client also certifies that, in the event an investigative consumer report is being ordered, the Client has made the additional disclosure that the consumer has the right upo written request to Client to be informed whether an investigative consumer report was requested and given information as to the natur and scope of the investigation requested. Client also certifies that, in the event a worker's compensation history report is being ordered, it compliance with the Americans with Disabilities Act, the Client has alr			
I understand that submitting this request without the author requirements is a violation of federal law that can re I agree not to sell, disseminate, or otherwise distribute in whole will order, receive and use information provided by Laborchex, from Laborchex, Inc. for purposes not permitted by law. The law Fair Credit Reporting Act (FCRA), and it states' analogues and statutes; and Drivers Privacy Protection Act (DPPA) and its states	sult in irreparable damages to bo e or in part, any information provided b Inc. solely as an end user, and shall not ws and regulations governing fair praction atutes; the Americans with Disabilities A	th Client and to Laborchex, Inc. by Laborchex, Inc. to any third party. I request or use information obtained tes include, but are not limited to, the lact (ADA) and it states' analogues and	
CLIENT SIGNATURE BY:	PRINT NAME	DATE:	
CLIENT SIGNATURE BY:APPLICANT NAME:			
	SSN:		
APPLICANT NAME:	SSN:	** DOB:	
APPLICANT NAME:  ADDRESS:  DRIVER'S LICENSE #:	SSN:	** DOB:	

\* For these levels of screening, please include the completed job application in this transmittal. \*\*Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

(x) When permitted by state law.

Nationwide Federal Violations Criminal Record Check

Social Security # Validation

# **DISCLOSURE STATEMENT**

# **PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)**

By this document <u>City of Sunny Isles Beach</u> discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

# **AUTHORIZATION TO PROCURE A CONSUMER REPORT OR**

# INVESTIGATIVE CONSUMER REPORT

I HEREBY authorize City of Sunny Isles Beach or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to SIB Human Resources dept. , I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to SIB Human Resources dept. , a copy of this Authorization will be provided to me.

		<b>-</b>
Print Name:	Date:	Time:
Signature:		_
CALIFORNIA, MINNESOTA AND OKLAH	OMA RESIDENTS ONLY:	
□ I wish to receive a free copy of any C	Consumer Report and/or	Investigative Consumer Report con

□ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.



# City of Sunny Isles Beach Employee Confidentiality Agreement

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160 (305) 792-1708 Phone (305) 792-1643 Fax

During the course of your employment with the City of Sunny Isles Beach, you may have access to sensitive and/or personal information regarding our employees, residents, and/or companies we do business with. Such information should be treated in a confidential manner and should not be part of any public or private conversation, including online social media websites. With respect to these records and information, and all other confidential and proprietary City information and records, the employee has read, understands, and agrees to the following:

- 1. I acknowledge the sensitivity and/or confidentiality of all employee information and records and other confidential and proprietary City information and records. This information will not be revealed to or distributed to or discussed with anyone other than my supervisor and appropriate City officials.
- 2. I will not attempt to alter, change, modify, add, or delete employee record information or City documents unless specifically instructed to do so by supervisor or appropriate City official.
- 3. Personal or identifying information about City employees (such as name, address, telephone, number, performance reviews, and salaries) will not be released to unauthorized individuals or agencies.
- 4. I will access only information specified and authorized by my supervisor or appropriate City official. Access to information should be through normal departmental procedures for obtaining specific access to the information in written documents, computer files, records, or other City information.
- 5. I understand that information acquired during the course of my work assignments may not be utilized for personal gain or benefit.
- 6. All procedures, creative work, written documents, records, etc. are created and documented according to City policies and procedures. These materials are considered City property and are not for public disclosure or use.

I understand that misuse of personal information or data obtained through my employment is a violation of this agreement and grounds for immediate disciplinary action, up to and including termination, and may also be subject to legal action.

Employee:				
Printed Name	Signature	Date		
Witness:				
Printed Name	Signature	Date		

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Nam	e		
Ageı	ncy Name		
Prev	ious or Current FRS Employer		
	Complete Section I if you have never been a member of a State of Florida administered retire Complete Section II if you are a current or previous member AND Section III if not retired OR Sec		
I.	I have <b>never</b> been a member of a State of Florida administered retirement plan.	STOP HERE	
	SIGNATURE DATE		
II.	I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)  FRS Pension Plan (incl. DROP)  FRS Investment Plan  State University System Optional Retirement Program (SUSORP)  State Community College System Optional Retirement Program (SCCSORP)  Senior Management Service Optional Annuity Program (SMSOAP)  Other		
III.	I am <b>not retired</b> from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7 <sup>th</sup> through the 12 <sup>th</sup> months after I retired or after my DROP termination date, I <b>must repay</b> all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. <b>My employer may also be liable for repaying any unauthorized benefits I received.</b>	Retiree Definition     You are considered retired if:     1. You have received any benefits under the	
	SIGNATURE DATE	FRS Pension Plan including	
IV.	I am <b>retired</b> from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was <b>Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP</b> are	DROP (does not include a with-drawal of employee contributions), or	
	eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.	<b>2.</b> You have taken	
	<ul> <li>I understand that as a Pension Plan retiree:</li> <li>a. If I am employed by an FRS-covered employer in any type of position<sup>2</sup> during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.</li> <li>b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> My employer may also be liable for repaying any unauthorized benefits I received.</li> </ul>	any distribution (including a roll- over) from the FRS Investment Plan, or other state adminis- tered retirement programs offered by state universi- ties (SUSORP),	
	<ul> <li>I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:</li> <li>a. If I am employed by an FRS-covered employer in any type of position<sup>2</sup> during the first 6 calendar months after I retired, I must repay<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.</li> <li>b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup></li> </ul>	state community colleges (SCCSORP), state govern- ment for senior managers (SMSOAP), or local govern- ments for senior	
	SIGNATURE DATE	managers.	

<sup>&</sup>lt;sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>&</sup>lt;sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>&</sup>lt;sup>3</sup>Florida law requires a return of all unauthorized 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 unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>&</sup>lt;sup>4</sup> There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7<sup>th</sup> through 12<sup>th</sup> months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.