



THE BROWARD COUNTY CIRCUIT AND
COUNTY COURTS OF THE SEVENTEENTH
JUDICIAL CIRCUIT OF FLORIDA

BROWARD COUNTY COURTHOUSE
COURT ADMINISTRATION
201 S.E. 6th Street, Room 20140
Fort Lauderdale, FL 33301
(954) 831-7335

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. All statements are subject to investigation. Exaggerated or misleading statements are cause for rejection. PLEASE PRINT CLEARLY or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc. you feel will help in the evaluation.

1. Position Applying For

If you require assistance with testing due to a disability, please notify our staff.

2. Today's Date

____ / ____ / ____
Month Day Year

3. When Available

4. Name

Last Name	First Name	M.I.

5. Social Security Number

7. Current Valid Driver's License

Number	
State	Expiration Date

6. Home Telephone Number

Area Code	Number

Other Telephone Number

8. PRESENT ADDRESS

Street Address		
City	State	Zip Code

How long have you lived at present address? Years ____ Months ____

9. PREVIOUS ADDRESS

Street Address		
City	State	Zip Code

How long did you live at this address? Years ____ Months ____

(Job 3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

(Job 4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

12. LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

13. SPECIFIC SKILLS — List below the Job Number from your Employment Record and total number of months of experience in skillfully operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Employment Record No.	Experience in months	List of Office and Related Equipment Operated
		List All Other Equipment Operated
		List of Crafts, Trades and Technical Professions

14. List membership(s) in professional, job-related organizations: _____

15. List any active professional, technical, occupational licenses or certificates and registrations you now hold: _____

16. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties: _____

Answer all items and check information within each block.	Yes	No
17. Have you ever been a member of the Armed Services? If YES, please give: Date of discharge: Month _____ Day _____ Year _____ Type of discharge: Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other <input type="checkbox"/>		
18. Have you ever been employed by the Broward County Court System? If yes, give date(s) and Division. _____ _____ _____ _____		
19. Are you related to any Court System employee or is any member of your household employed by the Court System? If yes, please give the person's name, relation, and employing Division: _____ _____ _____		

20. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld?
NOTE: A conviction does not automatically mean you cannot be appointed. The nature of the offense, how long ago it occurred, etc., are given consideration. No Yes

If yes, please give: Name of offense _____
 Name of and location of Court _____
 Disposition of case _____

21. How did you learn about the position for which you are applying? — Check the response that applies

<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Visit to Personnel Office	<input type="checkbox"/> Recruiting Program — Career Day
<input type="checkbox"/> County Employee	<input type="checkbox"/> College/Technical School	(please specify) _____
<input type="checkbox"/> High School	<input type="checkbox"/> Florida State Employment Agency	
<input type="checkbox"/> Other Source (please specify) _____		

22. REFERENCES: List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a County physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, Broward County is required by federal law to verify having seen documents, which the applicant must provide as part of employment process, that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Seventeenth Judicial Circuit is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Broward County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom. I, the applicant, understand that I will be working for the Seventeenth Judicial Circuit and the above release also applies to the Seventeenth Judicial Circuit, its officers, agents and employees.

Signature of Applicant _____ Date _____

Equal Employment Opportunity Information Form

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____
Social Security No.: _____
Name: _____
Job/Position Applied for: _____
Date of Birth: _____
Sex: _____ Female _____ Male

Race/Ethnic Categories (check one)

- _____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- _____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Samoa.
- _____ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ **OTHER (Specify)**: _____

(OPTIONAL) If you are handicapped or disabled, please specify:

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.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** 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**)¹

- 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 **not retired** 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 7th through the 12th months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) 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.

SIGNATURE

DATE

IV. I am **retired** 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 _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² 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**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If 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 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³Florida 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.

⁴ 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 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.