



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:



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 _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

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

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

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 the first 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 calendar 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.

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.