



HR-ED

Employee Data

(Please print)

Date _____

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Phone Number _____ Secondary Number _____

Sex: Male Female Email address _____

Racial /Ethnic Category: (Please check the appropriate one)

1. Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino--A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race.

2. What is your race? (Please mark all that apply, however mark at least one)

American Indian or Alaskan Native: A Person having origins in any of the original people of North America (including Central America) and who maintain tribal affiliation or community attachment.

Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to the "Black or African American."

Native Hawaiian or Other Pacific Islander: A persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

White: A person having origins in any of original people of Europe, the Middle East or North Africa.

Country of Citizenship: _____

Handicap Status: (Please Check All That Apply)

(P) Physically Handicapped (V) Visually Impaired (S) Speech Impaired

(H) Hearing Impaired (Z) Not Applicable

(O) Other Health impairment: _____

Veteran Status: (Please check one)

(V) Veteran if so, how many years of military service: _____ (Z) Not applicable

Exemption from Public Records Disclosure:

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07, F.S.? Yes No

**OTHER EMPLOYEES include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collections and enforcement of child support enforcement, human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local contract negotiating duties or other personnel related duties, and certain investigations in the Department of Children and Families {see 119.07,F.S.}.

Felon Convictions

Have you ever been charge or convicted forfeited bond, or plead guilty or no contest to, or had adjudication withheld on a criminal offense? Yes No

Retirement Status

Please complete **Part I** or **Part II** as applicable: (Please Check One)

- I. I am not retired from any Florida State-Administered Retirement Plan.
- II. I am retired from _____ Retirement System. The effective date of my retirement was _____. I understand that if I retired under a State of Florida administered retirement system and (1) I am employed in any type of position (temporary, part-time or regular established) during the first month of retirement, my retirement is void and all benefits received must be repaid. I must re-apply for retirement benefits before retirement will be effective; (2) If employed during the 2nd thru 12th months, my monthly retirement benefits must be suspended during these months of my retirement, unless I am eligible for a 780 hour exemption to the limitation as provided by law. If eligible for the exemption, my benefits must be suspended after my employment reaches 780 hours during the limitation period.

Signature

All statements in this application are true and accurate. I agree that any purposeful omission of false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered, I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date _____ Signature of Applicant _____