

Southwest Florida Water Management District
AUTHORIZATION OF RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Southwest Florida Management District and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and /or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report and may include, but is not limited to the following areas.

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any Criminal Justice. Agency in any or all federal, state, county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Southwest Florida Management District & Accurate Background Check and its agents, officials, representatives or assigned agencies including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs family or associates because of compliance with this authorization and request to release. You may contact me as indicated below, I understand that a copy of this authorization may be given at anytime provided I do so in writing.

Please Print Clearly

Your name as it appears on your Social Security Card:

Please Note: You must present your Social Security Card at New Employee Orientation

Name _____
First Full Middle Name Last (Maiden)

Preferred Name _____
(The way you wish your name to appear on your computer log-in account and your security badge)

Print All Former Names Used (1) _____ (2) _____

Social Security Number: _____ - _____ - _____ Sex _____ Race _____
*In accordance with Florida Statute 119.071, your social security number is being collected for the purpose of verification through a consumer report and/or an investigative consumer report and your status with respect to the Florida Retirement System (FRS). For CDL holders as required by Federal Drug Testing Regulations. At this time it will not be used for any other purpose.

Date of Birth: _____ Phone Number _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number: _____ State of Issuance: _____

May We Contact Your Employers: _____ May We Contact Your Supervisors _____ Comments: _____

Print Residences in the previous 7 years include City & State:

(1) City: _____ State: _____ From: _____ To: _____

(2) City: _____ State: _____ From: _____ To: _____

(3) City: _____ State: _____ From: _____ To: _____

1. Have you ever been charged and or convicted of any crime or offense: Yes _____ No _____
2. Have you ever been involved in a Civil Action as the Plaintiff or Defendant: Yes _____ No _____

If you answered Yes to Numbers 1 or 2, provide the Case Numbers, Date of Action, Disposition and Current Status below:

Please explain, if more space is needed please use the back of this form to continue Explanation:

By signing below, you are certifying that the above information is true and correct:

Signature: _____ Date: _____

Your signature is also required on the next page (Page 3) and on the FRS Certification Form (last page)

Southwest Florida Water Management District

FAIR CREDIT REPORTING ACT AUTHORIZATION FORM

NOTICE OF INTENT TO OBTAIN A CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Southwest Florida Water Management District, or as a condition of my continued employment with Southwest Florida Water Management District, Southwest Florida Water Management District may obtain a consumer report that includes, but is not limited to, my credit history or similar characteristics, employment and education verifications, social security verification, criminal and civil history, Department of Motor Vehicle records, any other public records, and any other information bearing on my credit standing or credit capacity.

I understand that, pursuant to the federal Fair Credit Reporting Act, Accurate Background Checks, Inc. an agent of the Southwest Florida Water Management District will provide me with a copy of any such report if the information contained in such report, is in any way, to be used in making a decision regarding my fitness for employment with Southwest Florida Water Management District. I further understand that such a report will be made available to me prior to any such decision being made.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

For Inquiries and Reports Contact:

Accurate Background Check

PO Box 1864
Ocala, Florida 34478

Voice: 352-291-1155
Fax: 352-854-8917

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 an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

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 Optional Retirement Program (SCCORP) 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 12 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), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), 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, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

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, SCCORP, 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, 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, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.