



**Gary J. Cooney**

*Clerk of the Circuit Court and Comptroller*  
550 West Main Street, Post Office Box 7800  
Tavares, Florida 32778-7800  
(352) 742-4100 [www.lakecountyclerk.org](http://www.lakecountyclerk.org)

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## INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT APPLICATION

1. After opening the document, save it to your computer.
2. The application is a fillable PDF document that allows applicants to type their information and sign by using Adobe Acrobat Reader.
3. Use the Tab key to navigate between the fields.
4. For multiple-line fields, applicants must use the Tab key at the end of each line (e.g. the Duties and Responsibilities field).
5. After all fields are complete, including all spaces for initials and signatures, applicants must submit their application using one of the following methods:
  - a. **Electronically:** Click the SUBMIT button located on the last page of the document. Your email browser will open and place the employment application as an attachment in a new email to [jobs@lakecountyclerkfl.gov](mailto:jobs@lakecountyclerkfl.gov). Attach any other applicable documents such as resumes, degrees, DD214s, etc.
  - b. **Mail:** Attach any additional applicable documents such as resumes, degrees, DD214s, etc. Mail to the Clerk's Human Resources Office:

Clerk of the Circuit Court and Comptroller, Lake County, Florida  
Attn: Human Resources  
P.O. Box 7800  
Tavares, FL 32778
  - c. **In-Person:** Attach any additional applicable documents such as resumes, degrees, DD214s, etc. Deliver the application to the Human Resources Office located at:

Lake County Courthouse  
North Wing, 3rd Floor  
550 West Main Street  
Tavares, FL 32778
6. A representative from the Human Resources Office reviews all applications, confirms receipt thereof, and informs applicants if additional information or a typing test is required for the position.

### **Please Note:**

- \* Blank applications can be obtained at the Human Resources Office.
- \* Applications for positions requiring a typing assessment will not be submitted for the position until the typing assessment has been completed.
- \* The Clerk's Office participates in E-Verify. For more information, including your rights and responsibilities, visit the E-Verify website at [www.uscis.gov](http://www.uscis.gov) and select the E-Verify Home Page link.
- \* All information provided will be a public record and will be released upon request, unless exempt or confidential.



**Clerk of the Circuit  
Court and Comptroller  
Lake County, Florida**

**Employment  
Application**  
Equal Opportunity Employer

**Position(s) Applied For:**  
 Title(s): \_\_\_\_\_  
 Date Available To Start Work: \_\_\_\_\_  
 Minimum Acceptable Salary: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

www.lakecountyclerk.org      Clerk Employee      Friend

Other: \_\_\_\_\_

**General Instructions:**

- Please sign where required on pages 6 and 9.
- Specify the position for which you are applying. Applications marked "Any" will not be considered.
- You may submit one application for multiple positions.
- All applications must be received in the Clerk's Human Resources Office before the position closes to be considered.
- Please notify the Human Resources Office if you need accommodations in accordance with the Americans with Disabilities Act.

**Contact Information:**

Your Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 (If provided, we will use your email address to communicate with you during the application process.)  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Contact me at:    Home    Work    Cell    between the hours of \_\_\_\_\_ and \_\_\_\_\_

**Education**

<b>High School:</b>		Received:      Diploma Other (specify): _____ None
Name of School	Location	

Your Name, if Different While Attending School: \_\_\_\_\_

**College, University, or Professional School: (Transcripts may be required)**

Name of School	Location	Major/Minor Course of Study	Credit Hours Earned		Type of Degree Earned
			Qtr.	Sem.	

Your Name, if Different While Attending School: \_\_\_\_\_

**Job-Related Training or Course Work (Vocational, Governmental, Trade, Business, Armed Forces, etc.)**

Name of School	Location	Major/Minor Course of Study	Credit Hours Earned		Type of Degree Earned
			Qtr.	Sem.	

Your Name, if Different While Attending School: \_\_\_\_\_

**Licensure, Registration, Certification (CPA, Comp TIA A+ certification, ITIL certification, etc.)**

License, Registration, or Certification Type	Number	Date Received	Expiration Date	State Licensing Agency

**Periods of Employment**

Describe all work experience in detail, beginning with your current or most recent job. Include military service (include rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Name if Different During Employment: \_\_\_\_\_  
Month Day Year Month Day Year  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Name if Different During Employment: \_\_\_\_\_  
Month Day Year Month Day Year  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Name if Different During Employment: \_\_\_\_\_  
Month Day Year Month Day Year  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Name if Different During Employment: \_\_\_\_\_  
Month Day Year Month Day Year  
 Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Name if Different During Employment: \_\_\_\_\_  
Month Day Year Month Day Year  
 Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**Other Qualifications**

List special job-related skills and qualifications you possess, such as computer skills, fluency in language(s), etc. relevant to the position you seek.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Do not answer this question unless you have reviewed the job description which lists the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you applied?

Yes      No

**NOTE:** If you are hired by the Clerk and the position for which you are hired requires the operation of a Clerk vehicle or if you drive any Clerk vehicles, you must have and maintain a **VALID** Florida Driver License. Your driving record will be checked with the Florida Department of Motor Vehicles.

**Background Information**

Have you ever been convicted of a felony or a first degree misdemeanor? Yes  No

If "Yes," what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? Yes  No

If "Yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? Yes No

If "Yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. [see §112.011, F.S.]

**Citizenship**

Clerk of the Circuit Court and Comptroller, Lake County, Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. Are you a U.S. citizen? Yes No

2. If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying? Yes No

**Relatives**

To your knowledge, do you have any relatives working for the Clerk's Office? Yes No

If yes, provide: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

**Exemption from Public Records Disclosure**

Are you a current or former law enforcement officer, other covered employee \*\*, or the spouse or child of one, whose information is exempt from public records disclosure under section 119.071(4)(d), Florida Statutes (F.S.)?

Yes No

\*\*Other covered jobs include but are not limited to: 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 collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

**References - Minimum of 2 required** (other than relatives or close friends)

1. Name: _____	Phone #: ( _____ )
Address: _____	
2. Name: _____	Phone #: ( _____ )
Address: _____	
3. Name: _____	Phone #: ( _____ )
Address: _____	

**Collection of Social Security Number**

\_\_\_\_\_ When necessary your social security number will be requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.  
**INITIAL HERE**

**Release of Information Authorization**

\_\_\_\_\_ The Lake County Clerk's Office hereby advises you that, for employment purposes, including but not limited to initial employment, promotion, reassignment, and retention, the Lake County Clerk's Office may conduct a background and Department of Motor Vehicles (driver's license) check. I authorize all corporations, companies, former employers, associates, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the Lake County Clerk's Office to which this form has been filed, or their agent. I release all parties involved from any liability and responsibility for doing so.  
**INITIAL HERE**

**Certification**

\_\_\_\_\_ I am aware that any omissions, falsification, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of the Clerk of the Circuit Court and Comptroller, Lake County, Florida for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for public employment are public records. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.  
**INITIAL HERE**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

**VETERANS' PREFERENCE:** Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, F.S. specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. For applicants seeking Veterans' Preference in accordance with Rule 55A-7, Florida Administrative Code (F.A.C.), completion of the Veterans' Preference section below is required and will be kept confidential, as appropriate, in accordance with the Americans with Disabilities Act.

Florida Department of Veterans' Affairs  
Veterans' Preference Certification

Section 295.07(1), Florida Statutes (F.S.), provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), F.S. Section 295.09, F.S., also provides Veterans' Preference for reinstatement, reemployment, and promotion.

Listed below are the seven Veterans' Preference categories as outlined on the Florida Department of Veterans' Affairs Veterans' Preference Certification, FDVA form VP-1, effective date: June/2016, incorporated in Rule 55A-7.013, F.A.C.

- a. A disabled veteran:
  1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans' Affairs; or
  2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans' Affairs and the United States Department of Defense. [section 295.07(1)(a), F.S.]
- b. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power. [section 295.07(1)(b), F.S.]
- c. A wartime veteran as defined in section 1.01(14), F.S., who has served at least 1 day during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training may not be allowed for eligibility under this paragraph. [section 295.07(1)(c), F.S.]
- d. The unremarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.] A completed "Certification of Unremarried Widow or Widower" form (FDVA form VP-3) must be provided.
- e. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [section 295.07(1)(e), F.S.] A "Certification of Unremarried Widow or Widower" form (FDVA form VP-3) must be provided.
- f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [section 295.07(1)(f), F.S.]
- g. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [section 295.07(1)(g), F.S.] A completed "Certification of Current Member of Reserve Component of the United States Armed Forces or the Florida National Guard" form (FDVA form VP-2) must be provided.

**VETERANS' PREFERENCE CLAIM**

1. Are you claiming Veterans' Preference? YES      NO  
(If "Yes," please continue to #2. If "No," please proceed to the next page.)

2. I certify that I am qualified to claim Veterans' Preference under the category selected. (Please indicate the letter that corresponds with your preference from the Veterans' Preference information selected above.)

All applicants claiming Veterans' Preference must submit form VP-1 and VP-2 or VP-3 as applicable. Additionally, all applicants must submit a DD Form 214 (member copy #4) or comparable discharge, separation or current reserve documentation that indicates the character of service as honorable. In addition, all applicants claiming Categories a, b, c, d, or e above must also furnish supporting documentation in accordance with the provisions of Rule 55A-7, F.A.C. All supporting documents must be received in the Clerk's Human Resources office before the application will be submitted for consideration for the position.

Under Florida law, preference in appointment shall be given first to those persons in Categories a or b and then to those in Categories c, d, e, f or g. If a qualified applicant claiming Veterans' Preference believes he/she was not afforded employment preference, he/she may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708 in accordance with the timelines specified in Rule 55A-7.016, F.A.C. A complaint must be filed within 60 calendar days of the applicant receiving notice of the hiring decision made by the employing agency. If a notice of the hiring decision is not received, it is the responsibility of the preference-eligible applicant to contact the Human Resources Office prior to filing a complaint. Such contact shall occur at least one time after 45 days have passed from the final date for submitting an application or the interview date, whichever is later in time.

Employer, remove this section prior to the selection process.

**EEO Survey**

Although the following information is not mandatory, it is requested to aid the Clerk's Office in its commitment to Equal Employment Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

**Race** (Check only one):

**Ethnicity** (Check only one):

White

Hispanic or Latino

Black/African American

Not Hispanic or Latino

Asian

Native Hawaiian/Other Pacific Islander

American Indian/ Alaska Native

Two or more races



# 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 8<sup>th</sup> 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 8<sup>th</sup> 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 employer, your retirement and DROP status (if applicable) may be voided. If voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.

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 employer, any benefits you received must be repaid, or you must terminate employment.
- **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.
- Retirees may provide volunteer services with an FRS employer without violating the termination requirements or reemployment limitations (must comply with Section 121.091(15), Florida Statutes).
- 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.**

**CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
LAKE COUNTY, FLORIDA  
Notice of the Collection, Use & Release  
Of Social Security Numbers Pursuant to FS 119.071**

FS 119.071(5) Requires each agency to identify in writing the specific federal or state law governing the collection, use, or release of social security numbers (SSNs) for each purpose for which the agency collects SSNs, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collections, use, or release of SSNs complies with the specific applicable federal or state law. This list is provided to comply with this mandate.

Department	Legal Authority	Use of SSN
<b>All Applicable Departments</b>	26 USC § 60501 & USC § 5331	Transactions received of more than \$10K in cash, in one transaction or in two or more related transactions, Form 8300
<b>ADMINISTRATION</b>		
Human Resources	Chapter 11, FAC	Background checks
	FS 409.2576 & 42 USC §653A	Florida New Hire Reporting Form
	26 USC § 457b	457b contribution reports
	42 USC § 1395y(b)(7) & (8)	State sponsored insurance enrollment and reports (includes but not limited to: group health, life, vision and dental coverage)
	26 USC § 1	Pretax benefits
	Chapter 19, FAC	Florida Division of Retirement contribution reports (FL Dept. of Revenue)
	FS 112.665	Florida Retirement System certification of membership
	Chapter 60, FAC	Workers Comp Claims (Department of Labor)
	42 USC § 405(c)	Social Security taxes, Medicare taxes, US federal income tax withholdings, W2, W4, 1099, 1095
	Chapter 12, FAC	Unemployment Reports (FL Dept. of Revenue)
	8 USC § 1324a(b)	Federal I-9 (US Department of Homeland Security)
	FS 119.071(5)(a)6.f.	The disclosure of the social security is for the purpose of the administration health benefits for employees and dependents.
FS 119.071(5)(a)6.g.	The disclosure of the social security number is for the purpose of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan.	
Marriage	FS 741.04(2)(a)	"A county court judge or clerk of the circuit court may not issue a license to marry until the parties to the marriage file with the county court judge or clerk of the court a written and signed affidavit, made and subscribed before a person authorized by law to administer an oath, which provides: (a) The social security number or any other available identification number for each person."
Official Records	FS 55.01(2)	"Each final judgment shall contain thereon the address and the social security number, if known to the prevailing party, of each person against whom judgment is rendered. Errors in names, addresses, or social security numbers or failure to include same shall in no way affect the validity or finality of a final judgment."
	FS 55.505(1) & 55.604(1)(a)	"At the time of the recording of a foreign judgment, the judgment creditor shall make and record with the clerk of the circuit court an affidavit setting forth the name, social security number, if known, and the last known post office address of the judgement debtor and of the judgment creditor."
Passport	26 USC § 6039E	SSN required on passport application and for replacements
Finance	FS 717.117	SSNs required on reports of unclaimed property
	31 USC § 3332(g)	Direct deposit
	26 USC § 6109	Tax deed surplus claim, W-9 form
	26 USC § 6109	Request for TIN, W-9
	26 USC § 6041 & 6049	Income Earned Reporting, Form 1099

**[Click here to submit your employment application:](#)**