

Hire Package Instructions:

PLEASE READ **ALL** OF THE FOLLOWING INFORMATION TO UNDERSTAND THE HIRING PROCESS.

- Please print out this entire hire packet on individual sheets of paper, that way no forms are on the back page of another form!
- You are required to bring the following documents (located below) into the Employee Relations Office at the O'Connell Center. **You must have your original social security card** (a photocopy or faxed copy is NOT acceptable). If you do not have one, you may go by the social security office to request a new card.
4562 NW 13th St, Gainesville, FL 32609; or call them at (800) 772-1213)

After turning in your documents to the Employee Relations Office:

- You will be receiving an email from **HireRight Customer Support**, a background checking company. Please complete the steps in the email to conduct your background check. Be sure to complete this as soon as possible; all paperwork processing will be delayed until the background check is complete. **This needs to be completed within 3 days of receiving it.**
- You will be receiving an email from GatorStart (UF's online paperwork system) to set up your direct deposit information and complete your I-9.
- You may also receive another email from the UF help desk with instructions on how to create your Gatorlink account (UF Email). If the link in the email expires, please contact the UF Help Desk at (352) 392-HELP(4357) for assistance with resending the link. *(For those that are current UF students or employees, you will not receive this email)*
- **PLEASE NOTE:** New hires **CANNOT** be paid until **GatorStart** has been **completed**.
- Even though this is an exciting and fun work environment, this is a real job with both rewards and consequences. We strive to exceed expectations every day, and we expect you to do so as well; we owe it to our patrons, events, and our community. In return you will get the opportunity to have an amazing employment experience. Not many people can say they helped set a stage for a major concert, worked behind the scenes for Gator Growl and monitored the Rowdy Reptiles during a sold-out basketball game.
- Finally, and most importantly, please feel free to contact us with any concerns or questions. We are here to support you and are excited to have you as a member of the O'Connell Center Team!

If you have any questions, contact Employee Relations Office by calling 352-392-6535

or email your questions to scoc-hire@ufl.edu

Hire Document Checklist:

This checklist details exactly what is needed in your completed hire package. Please check off each item, sign, and include this with your hire package.

Turn all paperwork in to the Employee Relations Office within the O'Connell Center in room 2115.
Enter through the Gate marked "Administration" between Gate 1 and Gate 4.

- ☐ **Government Issued ID**
Driver's license or passport
- ☐ **Original Social Security Card**
- ☐ **New Hire Demographic Form**
- ☐ **New Hire Questionnaire**
- ☐ **Proof of Selective Service** (Men Only)
 - [Please print the online verification page](#)
- ☐ **Loyalty Oath Form**
 - Please bring this form in **BLANK**

We cannot process any paperwork until all the appropriate items have been submitted!

New Hire Demographic Form



Instructions

- Complete this form once the candidate has accepted the job offer.
Alert! This form cannot be emailed if a social security number is included.

Personal Information

Name:			
SSN #:		UFID:	
DOB:		Passport #:	
Gender:		Citizenship:	
Hire Date:		Marital Status:	

Education Information

Education:	
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Contact Information

Email Address:	
Business Email Address:	
Phone Number:	
Business Phone Number:	

Addresses

Home/Legal Address (In/Out of U.S.)		Mailing/Street Address (Only U.S. Address)	
Line 1		Line 1	
Line 2		Line 2	
City/State		City/State	
County		County	
Zip Code		Zip Code	
Country		Country	

December 14, 2020

Loyalty Oath

[Florida Statue 876.05](#) requires all public employees of the State of Florida to take the loyalty oath.

I _____, a citizen/lawful resident of the State of Florida and of the United States of America, and being employed by or an officer of the University of Florida and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

SIGNED: _____ DATE: _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of () physical presence **or** () online notarization, this ____ day of _____, 20____.

_____ Personally Known
_____ Produced Identification

Type of Identification Produced _____

Notary Print Name

Notary Seal

Notary Commission Number

Notary Signature

******Please fill out the short questionnaire below for our records:******

- Full Name: _____
- Are you a current UF Student? ____Yes ____No UFID: _____
- Do you have a relative that currently works at the University of Florida? _____
 - If yes, what is their classification (student employee or full time employee)? _____
 - If yes, what department do they work for? _____
- Do you have another job with the University of Florida? _____
 - If yes, what is your classification (ex. Student Assistant, OPS, TEAMS, etc.)? _____
 - If yes, what department do you work for? _____

Employment Application

Requisition #:	Application Date:
Job Title:	

Applicant Information

Full Name: _____ UFID: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit # City State Zip Code

Phone: _____ Email: _____

Have you ever worked at the University of Florida or another state of Florida Agency? YES ☐ NO ☐

Do you have any relative/family members working at the University of Florida? YES ☐ NO ☐

YES ☐ NO ☐

Are you presently eligible to work in the United States?

YES ☐ NO ☐

If you are a male between the ages of 18 – 25, are you registered for selective service?

YES ☐ NO ☐ N/A ☐

(Answer is used to comply with the University's policy on nepotism and does not provide preference in hiring.)

If yes, indicate names & department

Does anyone living with you (family, friend, partner, renter, etc.) work at the University of Florida? YES ☐ NO ☐

(Answer is used to comply with the University's policy on nepotism and does not provide preference in hiring.)

If yes, indicate names & department

Have you ever completed a rollover, received a pension payment, or received a distribution/withdrawal from any State of Florida administered retirement plan (e.g. FRS Pension Plan, FRS Investment Plan, SUSORP or CCORP)?

YES ☐ NO ☐

*If yes, please provide the date of your initial pension payment or rollover/distribution/withdrawal.

You are still eligible to be considered for employment but may not be eligible to participate or renew membership in a State of Florida retirement plan if you are rehired by an FRS-covered employer. Please refer to <https://www.myfrs.com/pdf/forms/cert.pdf> page 2 for additional information.

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Employment Experience (Begin with most recent)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Agreement

I certify that my application for employment is true and complete to the best of my knowledge and that all materials provided in support of my application are a complete and accurate description of my work experience, education, and background. I understand that any false statements or omissions made by me on this form, my application, or any supplementary or subsequently submitted materials may be grounds for disqualification from any employment opportunities at the University of Florida or its affiliated organizations. I authorize and release the University of Florida to verify all information submitted in support of my application for employment. I further acknowledge that should I be selected for hire, I will be required to provide additional information including but not limited to current and pending funding, professional affiliations, and related professional activities. I understand that UF Human Resources collects social security numbers in compliance with federal and state laws for employment verification and certain benefits providers. For information, please visit <https://privacy.ufl.edu/privacy/social-security-number-privacy/>

I understand that all employees of the University are required to report each existing outside activity or financial interest and potential conflicts of interests and are subject to obtaining approval of these activities from the Office of Conflict of Interest. A conflict exists when outside activity or financial interest could potentially interfere with professional obligations to the University. To learn about conflicts of interest, visit <https://coi.ufl.edu>.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Print Applicant's Name

Applicant's Signature

Date

The University of Florida is an Equal Employment Opportunity Employer. With appropriate notice, reasonable accommodations will be made in the employment process for individuals with disabilities.

Voluntary Demographic Data

Gender:	☐ Female ☐ Male ☐ Not Disclosed
Are you Hispanic or Latino	☐ Yes ☐ No ☐ Not Disclosed
Race:	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Disclosed *If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.

Voluntary Self Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active-duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed Forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4- USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please check one of the boxes below:

- ☐ I identify as one or more of the classifications of protected veteran listed above.

☐ I am not a protected veteran.

Voluntary Self Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 4/30/2026
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Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability.

Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not wish to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Applicant's Name _____

Date _____

Application Notice

E-Verify Notice

University of Florida is a participant of the E-Verify program. This is a federal program requires federal contractors to verify an employee's eligibility to be employed in U.S. through an internet-based system administered by the Department of Homeland Security (DHS) partnering with the Social Security Administration (SSA). Additional information about UF's participation in E-Verify or free electronic posters can be found at www.hr.ufl.edu/recruitment/everify.

Disclosure of Campus Security Policy and Campus Crime Statistics

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the university makes available to prospective employees its annual security and fire safety report.

The report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by the University of Florida, and on public property within or immediately adjacent to and accessible from the UF campus. It also includes institutional policies concerning campus security such as policies regarding alcohol and drug use, crime prevention, sexual assault, the reporting of crimes, and other personal and property safety issues. The report is available for review by accessing the University of Florida Police Department website at <https://publicsafety.ufl.edu/clery/>. Hard copy requests may be made by e-mail to upinfo@admin.ufl.edu, or by mail to University of Florida Police Department, P.O. Box 112150, Gainesville, FL 32611-2150.