CITY OF DELRAY BEACH FIREFIGHTERS' RETIREMENT SYSTEM PROOF OF PREVIOUS GOVERNMENT EMPLOYMENT

For the purposes of purchasing previous government service as outlined in City of Delray Beach Ordinance Section 33.74, proof of previous government employment is requested for the employee below:

Employee's Name:				
Social Security Number:				
Governmental Agency or Branch o in which years were served:	f Military			
Address of Governmental Agency/ Branch of Military:				
Hire date with Agency/Military Brar	nch:			
Termination date with Agency/ Military Branch:				
Years served were as a: Full-Time Police Officer Full-Time Firefighter Active Service Military Positi	on			
Is this individual receiving a pension from the above Agency/Military Bra		Yes		No
Is this individual eligible to receive benefit from the Agency/Military Br for their service?		Yes		No
My signature below certifies the certifies that I am a duly authorized and that I may complete and certifiagency/military branch.	d representative	e of the governmental	l agency/military b	
Name of Governmental Agency/ Branch of Military:				
Address:				
Telephone Number:				

Authorized Signature

Date

Name (Print)

Title

<u>Please return completed form to</u>: City of Delray Beach Finance Department, Attention: Lisa Castronovo, 100 NW 1st Avenue, Delray Beach, FL 33444, Fax: (561) 243-7166, castronovol@mydelraybeach.com

Pursuant to Section 119.071(5), Florida Statutes, your social security number is requested for the purposes of determining eligibility for employment, retirement, pension and insurance benefits, and receipt of Federal and State funded grant programs; performing identification verification and background checks; W-2 and W-9 filing; filing of worker's compensation claims; payment of independent contractors and vendors without a Tax Identification number; payment of EMS transport services; and filing of Paramedic and EMT license renewals. Social security numbers will be used solely for one or more of these purposes.