



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373  
 Fax: 573-761-4404

The County Clerk completes and signs this form upon an employee's commencement of county employment in an eligible position. **The employee IS NOT required to sign this form.** Proof of identity must accompany this form (see Required Attachments section below).

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - - County of Employment \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone/Cell ( ) \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Gender  Male  Female Marital Status  Married  Single

**EMPLOYMENT INFORMATION**

Original Date of Hire / / CERF Eligibility Date / /  LAGERS  Non-LAGERS  
*Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.*

If difference in Original Date of Hire and CERF Eligibility Date, please explain \_\_\_\_\_

Employee Contribution % \_\_\_\_\_ County Contribution % \_\_\_\_\_  
 (Made by employee and ranges from 2% to 6%) (Made on behalf of employee and cannot exceed 4%)

Current Employment Status  Full-time  Part-time working 1,000 hours or more

Employee's Position \_\_\_\_\_

Select the appropriate department for this employee

- |                                       |                                       |   |   |                                    |
|---------------------------------------|---------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Assessor     | <input type="checkbox"/> County Clerk | <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Public Administrator | <input type="checkbox"/> Surveyor  |
| <input type="checkbox"/> Auditor      | <input type="checkbox"/> Data Entry   | <input type="checkbox"/> Nurses/Health        | <input type="checkbox"/> Public Works         | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Collector    | <input type="checkbox"/> E911         | <input type="checkbox"/> Parks & Recreation   | <input type="checkbox"/> Recorder             |                                    |
| <input type="checkbox"/> Commissioner | <input type="checkbox"/> Highway      | <input type="checkbox"/> Planning & Zoning    | <input type="checkbox"/> Road & Bridge        |                                    |
| <input type="checkbox"/> Coroner      | <input type="checkbox"/> Janitorial   | <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Sheriff Department   |                                    |

Has this employee previously held another part-time or full-time county position?  Yes  No

If yes to above, which county or counties? \_\_\_\_\_ What was the date of termination? / / \_\_\_\_\_

**REQUIRED SIGNATURE – See Below**

I hereby certify that the information with regard to the current and previous employment status for this employee in this county is correct.

Signature of County Clerk \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- Copy of employee's driver's license **OR**
- Copy of employee's Social Security Card **OR** state-issued ID **AND** birth certificate.