



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 Phone () _____

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

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 **OR**
- Copy of Form I-9, Employment Eligibility Verification