



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

Email \_\_\_\_\_

**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