



## ACKNOWLEDGEMENT OF SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

I hereby consent to the use of my social security number for County business. Disclosure of social security numbers is required for employment by Federal law. The County Administrator collects and uses your social security number for purposes that include, but are not limited to the following: Identification verification; background and criminal history checks; drug screening; verification of education credentials; prior military service, and past employment credit score verification; Hillsborough County government employment status verification; connection with their employment-related databases; I-9 verification, new hire and unemployment reporting; worker's compensation reporting; payroll processing and reporting; benefits, insurance, and retirement reporting, and any other legitimate employment-related purposes. This is in compliance with Section 119.071(5), Florida Statutes.

### EMPLOYEE ACKNOWLEDGMENT:

By my signature below, I acknowledge my understanding of the above statement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please print the following information legibly:

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
EIN/HRIS #

**CADPR**  
PROCESS LEVEL

**VOLUNTEER**  
USER LEVEL

