



### CERTIFICATION OF PRIOR PUBLIC SERVICE

**Instructions:** Please complete and return a separate certification request form for each prior employer. Members should only complete Section 1. Contact the KCERA office for assistance completing the form.

SECTION 1 (to be completed by member)			
Member Name	Social Security # XXX – XX –	Date of Birth	
Address	City	State	Zip
Email Address	Work Phone Number	Alternate Phone Number	

I hereby authorize the Kern County Employees' Retirement Association to obtain information about my employment that may be required in connection with my application to purchase prior public service credit.

Employer Name and Address	Retirement System Name and Address (if known)	From/To Employment Dates	Employment Status
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

*(Certification form continues on next page)*

**SECTION 2 – CERTIFICATION (to be completed by the former employer’s retirement system or, if the employee was not a member of the retirement system, the former employer)**

Employee’s current status with our system: \_\_\_\_\_ As of: \_\_\_\_\_  
 (Active, Inactive, Retired) (Date)

Employer	From/To Dates of Employment	Years of Service	Purchased Service	Refunded	Safety	PEPRA
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUESTIONNAIRE**

1. Did this individual obtain membership in your retirement system?  Yes\*  No  N/A

\* Membership Date: \_\_\_\_\_

2. Is this member eligible to redeposit this service credit with your system?  Yes\*  No  N/A

\* If yes, is this member eligible to receive a pension or retirement allowance from your system, whether now or in the future, based on these employment dates?  Yes\*  No  N/A

3. Has this member ever purchased military time with your system?  Yes\*  No  N/A

\* If yes, provide dates of purchased military service: \_\_\_\_\_ – \_\_\_\_\_

**REMARKS**

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**CERTIFYING REPRESENTATIVE**

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Retirement System

\_\_\_\_\_  
 Phone Number