

5/23/2020

11:03 AM

My supervisor, Stacy Shiver, and I packed the personal contents of Ms Jones office while making inventory. We then arranged to bring those contents to her home. While delivering her personal effects, we gave her a copy of the items inventoried, collected her DOH laptop and phone, completed the exit/separation checklist items with her and had her sign the document. Mr Shiver has possession of those DOH items

5/18/2020

8:06 AM

Against my advice, MS Jones began actions to terminate OPS employee [REDACTED] is funded through Zika funding and assigned to the section lead Dr Danielle Stanek for daily activities and duties, though in People First is assigned to the GIS Manager. During her tenure as Manager, MS Jones communicated concerns over ability, performance, and response from [REDACTED]. During any follow-up with [REDACTED] on my part I received immediate response. Each time I would also check in with Dr Stanek on performance and would always get feedback that he is an exceptional resource.

4:41

After approval from management Ms Hicks and I called Ms Jones, who was teleworking at the time, informing her that she was being separated from the Department.

May 16, 2020

10:07 AM

I received an email from Ms Jones stating that she felt the email she sent was a mistake and that its purpose was to inform everyone that requests that she had been receiving up to that point were to be directed elsewhere. She had already begun to receive requests for interview.

I met with Ms Jones again and instructed her to redirect any inquiries to DOH Communications.

May 15, 2020

9:30 AM

Ms Jones and I had a conversation about her future with DOH, plans to ramp up for the upcoming Storm season, and how to more effectively communicate with leadership. The conversation lasted over an hour and at that time, I felt that it had a positive outcome and that Management Counseling was the correct option for previous occurrences. So much so that I immediately informed my supervisor of that conversation with hopes that the behavior was behind us.

1:46 PM

Ms Jones sent an email to all recipients of GIS groups (which is external individuals), subject "COVID DATA USERS: FINAL NOTICE" stating that she was no longer assigned to the dashboard that in my opinion casted doubts on the integrity moving forward as she indicated that she was removed because she would not manipulate data. This email caused an immediate influx of request from media outlets.

Ms. Jones sent an email to the DOH GIS Users listserv informing them that she was no longer working on the Dashboard and insinuates that data may be restricted and team will not be transparent.

May 11 – May 14

Ms Jones had adjusted to not being point on Dashboard and was performing her normal duties and GIS manager as expected. I asked Ms Jones to come in on May 15 to discuss moving forward and plans for the upcoming storm season.

May 11, 2020

Again, per my request Ms. Jones helped the team create new links to the public data access are published allowing public to again have free access to data within the dashboard. Again very helpful and the team worked together to correct these issues

May 10, 2020

All display issues to the GIS dashboard created by the move by Ms Jones are corrected. Work begins to correct public data access to data that is published.

May 9, 2020

Per my request via email, Ms Jones began helping the GIS team to update layers and objects to correct data being displayed regarding counties and zip codes. The entire team seemed to be getting along and moving forward.

May 7, 2020

Without discussion with Ms Joiner, myself or the rest of the GIS Team; Ms Jones made administrative changes to the GIS dashboard by creating a new Arc GIS online account to be owner of the GIS dashboard and moved content for the dashboard into that newly created account. These moves change the process to some degree of how data was to be updated to the GIS dashboard and impacted the process by which the team was familiar with. In turn this created unnecessary delays in updates to the dashboard over the next few days until all content was appropriately moved and layers properly recreated. This change, without my approval, directly disobeyed my instruction the previous day.

Because the team was not informed, the team began troubleshooting the issue as if it were a system issue. We asked for the help of Chris Duclos, a GIS manager and only other member with full administrative right in our system to help. Mr Duclos began make changes in an attempt to the issues (unknowing caused by Ms Jones changes) by modifying ownership of objects to return the process to the previous state.

During these changes at approximately 1 PM, Mr Duclos Administrative rights to AGO were removed by Ms Jones with security concerns as reasoning.

1:35 PM

I emailed Ms Jones telling her to restore any permissions and to stop making changes that might impede further with the updates.

8:08 PM

Ms Jones sent an email stating that she would fully restore Ms Duclos rights. However we discovered that she restored him to a lesser level than Admin. This left DOH with only one person with Admin level right to the AGO system and that was MS Jones. Having a single admin goes against all best practices for IT and put DOH at risk

7:17 PM

With my approval, Mr Duclos emailed the Arc GIS vendor ESRI and submitted a support ticket to restore not only Chris Duclos as Admin but to also grant myself the same privileges. I also notified them that any administrative ticket, requests or efforts being requested by individuals by DOH need to have mine or Mr Duclos approval and that I should be copied on any request.

8:23 PM

I sent an email to MS Jones and copied Mr. Duclos informing her that rights had been restored and given to me and that no changes were to be made without my approval

8:28 PM

I received an email from MS Jones stating that she was going to Mississippi to spend some time with her family

May 6, 2020

10:36 AM

I contacted, by email, Tiffany Hick in Labor relations at regarding Ms. Jones continued behavior of conveying information to the public through various formats asking for guidance on actions to take for this pattern of behavior.

The two recommendations at that time were separation or Management Counseling. At that time Dr. Blackmore and I felt that Management Counseling would be the appropriate path to be communicated and carried out upon her return from leave.

12:40 PM

I called Ms Jones from my office (Jessica Joiner was in my office at the time of the call), to notify her that she was being removed from her duties as primary GIS developer on the department's COVID-19 dashboard and that Ms Joiner was to immediately assume that role. She was informed that she was maintaining her role as GIS team manager and was to resume normal day to day responsibilities, but she was to cease any duties and administrative roles associated with the COVID-19 GIS dashboard.

3:22 PM

In email I was asked by Tiffany Hicks to elaborate on the insubordinate behavior demonstrated by Ms Jones

4:11 PM

I responded, by email, with a detailed accounting of instances from 4/9 – 4/30 of Ms Jones communicating to outside DOH sources about COVID19

5:04 PM

Ms Hicks responded by email informing me of recommendations of action that could be taken against Ms Jones, which were immediate separation or Management Counseling. At that time, I felt counseling Ms Jones was the appropriate path.

5:41 PM

I received an email from Ms Jones asking to use some of the approximate 200 hours of extra time she had put in building the dashboard. At that time, I suggested a week and would consider more if needed.

May 5, 2020

I was instructed by management to replace Ms. Jones as primary on the COVID Dashboard. At 7:53 PM I sent an email to Chris Duclos requesting the re-assignment of Jessica Joiner to effectively take over as primary on the dashboard beginning 5/6

From: [Hicks, Tiffany A](#)
To: [Curry, Craig J](#)
Subject: RE: Employee Labor Relation Consulting needed
Date: Wednesday, May 6, 2020 4:29:35 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Craig,

Thank you for your elaboration. Please see the following recommendations for this situation.

1. Ms. Jones is an SES employee and our department does not practice “formal” discipline on SES employees. As you previously stated, you have spoken with the employee verbally on several occasions. With the approval of your management chain, management may move forward with separation at this time.
2. Issue a “Management Counseling” to address and document the recent incidents. This document would be informal and would not be placed in the employee’s personnel file, but it would be drafted by myself. The employee will be asked to sign the document and it will be placed in an LR Contact file. If similar behavior continues, it is a management’s decision to move forward with termination.

Stay in the know! Visit the [HR Blog](#)

Tiffany Hicks

Labor Relations Consultant
Bureau of Personnel & Human Resource Management
Florida Department of Health
4052 Bald Cypress Way, Bin #B03
Tallahassee, FL 32399
(850) 245-4484
(850) 413-6716 (Confidential fax)



How's my customer service? Take our [survey](#).

From: Curry, Craig J <Craig.Curry@flhealth.gov>
Sent: Wednesday, May 6, 2020 4:11 PM
To: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>
Subject: RE: Employee Labor Relation Consulting needed

4/9/2020 - I was made aware by that Rebekah posted comments on a Facebook post from the Tallahassee Democrat on April. In those comments she discussed the logic behind the items displayed on the dashboard and Identified herself as being the person that maintains it. I spoke with Rebekah on April 9th to make clear that any public release needs to be approved by communications (which is something we all have to agree to in employee training). She promptly removed those comments.

<https://www.facebook.com/55529405081/posts/10163244404260082/?d=n>

4/21/2020 – I received an email from our GIS vendor ESRI, that ESR published an article on the working being done in the EOC and on the dashboard with pictures. To the best of my knowledge she did not obtain permission from DOH for this article. Although she did create the dashboard, she is not the data owner and should not answer questions on how calculations are made. I asked her on 4/21/2020 if she had DOH Coms permission and again reminded her that permission is needed to release any data that belongs to DOH.

<https://www.esri.com/about/newsroom/blog/scientist-maps-florida-covid19-cases/>

4/30/2020 – Ms. Jones maintains a public website she uses to promote her work and opinions. There is a detailed post 2020 that speaks from a DOH employee viewpoint but adds charts not approved by DOH with political commentary. I found this post on 5/1/2020 and spoke with her again about representing FDOH without consent

<https://geojones.org/2020/03/30/more-on-coronavirus/>

These have all been verbal communication. They are all related to the current pandemic, so I did not put anything in writing, however I did inform my supervisor on all three occasions.

Ms Jones is responsible for the Departments COVID-19 dashboard and Florida has received international acclaim for being transparent directly for her fantastic work. She worked with our Epidemiology section to get the data. Ms Jones creates routines that ‘cleansed’ the data to remove any PII or PHI that was not already being released in the daily public line list published by our Communications department. One graph produced regarding event date may have exposed a date that is not released on the daily published file. Data published on the dashboard is being reviewed by Epi and other GIS staff to verify. MS Jones was working with internal staff and being directed as to what objects and graphs to post, however they may have not been aware that the underlying data was viewable. Dr Blackmore and Dr Roberson may have more to add on this topic as I am not an expert in Epidemiology.

From: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>

Sent: Wednesday, May 6, 2020 3:22 PM

To: Curry, Craig J <Craig.Curry@flhealth.gov>

Subject: RE: Employee Labor Relation Consulting needed

Importance: High

Thank you. Please see my follow up questions below highlighted in yellow.

- This employee has made a few personnel posts on website and social media regarding data and web product owned by the Department that she works on without permission of management or communications. [Can you provide more detail? Do you have documentation such as screenshots? If so, please provide.]
- I have verbally instructed with each post to not represent Department interest in personnel posts. [You've spoken with the employee regarding their posts? If so, please provide details of the conversation. Was a follow up e-mail sent to the employee?]
- Data to these infographics was exposed through electronic means that should have been identical to data published by our communication department. Now there is now some question regarding the level of personnel data that is exposed through the dashboard. [This exposure is due to the actions of Ms. Jones? Please explain further.]

Stay in the know! Visit the [HR Blog](#)

Tiffany Hicks

Labor Relations Consultant

Bureau of Personnel & Human Resource Management

Florida Department of Health

4052 Bald Cypress Way, Bin #B03

Tallahassee, FL 32399

(850) 245-4484

(850) 413-6716 (Confidential fax)



How's my customer service? Take our [survey](#).

From: Curry, Craig J <Craig.Curry@flhealth.gov>

Sent: Wednesday, May 6, 2020 3:04 PM

To: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>

Subject: RE: Employee Labor Relation Consulting needed

Rebekah Jones

From: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>
Sent: Wednesday, May 6, 2020 1:25 PM
To: Curry, Craig J <Craig.Curry@flhealth.gov>
Subject: RE: Employee Labor Relation Consulting needed

Good afternoon Craig,

Could you provide me with the employee's name your below e-mail is referencing?

Stay in the know! Visit the [HR Blog](#)

Tiffany Hicks

Labor Relations Consultant
Bureau of Personnel & Human Resource Management
Florida Department of Health
4052 Bald Cypress Way, Bin #B03
Tallahassee, FL 32399
(850) 245-4484
(850) 413-6716 (Confidential fax)



How's my customer service? Take our [survey](#).

From: Curry, Craig J <Craig.Curry@flhealth.gov>
Sent: Wednesday, May 6, 2020 10:36 AM
To: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>
Subject: Employee Labor Relation Consulting needed

Ms. Hicks,

At the request of Dr. Blackmore and Dr. Roberson, I am looking for guidance on properly documenting actions of one of my employees and to get guidance on proper preparation in case action needs to be taken. This employee has made a few personnel posts on website and social media regarding data and web product owned by the Department that she works on without permission of management or communications. I have verbally instructed with each post to not represent Department interest in personnel posts. This employee is responsible for the COVID-19 dashboard. She has worked with all levels of management and the data owner to build the dashboard to build infographics per exact request. Data to these infographics was exposed through

electronic means that should have been identical to data published by our communication department. Now there is now some question regarding the level of personnel data that is exposed through the dashboard. I will work with the data owner of the data to determine if this in indeed true.

Based on this information my management has asked me to work with you to properly document and determine the level of action and path forward.

Thank you

Craig J Curry

IT Director

Florida Department of Health

Division of Disease Control and Health Protection

📞 [\(850\) 245-4231](tel:(850)245-4231) | 📠 [\(850\) 491-0063](tel:(850)491-0063)

From: [Blackmore, Carina](#)
To: [Hicks, Tiffany A](#); [Curry, Craig J](#)
Subject: Re: Labor Relations Advice
Date: Saturday, May 16, 2020 11:47:57 AM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)

Yes

Get [Outlook for iOS](#)

From: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>
Sent: Saturday, May 16, 2020 11:32:09 AM
To: Curry, Craig J <Craig.Curry@flhealth.gov>
Cc: Blackmore, Carina <Carina.Blackmore@flhealth.gov>
Subject: RE: Labor Relations Advice

Good morning Craig,

My boss, Amy Graham, and I spoke with Dr. Roberson yesterday evening. Please be sure to provide any additional supporting documentation you may have. Once received, I will update the FLHD-HR ticket.

Also, Dr. Blackmore, by responding to this e-mail you concur with the recommended action for the employee.

Stay in the know! Visit the [HR Blog](#)

Tiffany Hicks

Labor Relations Consultant
Bureau of Personnel & Human Resource Management
Florida Department of Health
4052 Bald Cypress Way, Bin #B03
Tallahassee, FL 32399
(850) 245-4484
(850) 413-6716 (Confidential fax)



How's my customer service? Take our [survey](#).

From: Curry, Craig J <Craig.Curry@flhealth.gov>

Sent: Friday, May 15, 2020 12:41 PM

To: Hicks, Tiffany A <Tiffany.Hicks@flhealth.gov>



Cc: Blackmore, Carina <Carina.Blackmore@flhealth.gov>

Subject: Labor Relations Advice

Per my voicemail this morning, I need advice on how to proceed with communicating with an employee.

Thanks,

Craig J Curry
IT Director

Florida Department of Health
Division of Disease Control and Health Protection
 [\(850\) 245-4231](tel:(850)245-4231) |  [\(850\) 491-0063](tel:(850)491-0063)

From: [Curry, Craig J](#)
To: [Hicks, Tiffany A](#)
Subject: Employee Labor Relation Consulting needed
Date: Wednesday, May 6, 2020 10:35:34 AM
Attachments: [image001.png](#)
[image002.png](#)

Ms. Hicks,

At the request of Dr. Blackmore and Dr. Roberson, I am looking for guidance on properly documenting actions of one of my employees and to get guidance on proper preparation in case action needs to be taken. This employee has made a few personnel posts on website and social media regarding data and web product owned by the Department that she works on without permission of management or communications. I have verbally instructed with each post to not represent Department interest in personnel posts. This employee is responsible for the COVID-19 dashboard. She has worked with all levels of management and the data owner to build the dashboard to build infographics per exact request. Data to these infographics was exposed through electronic means that should have been identical to data published by our communication department. Now there is now some question regarding the level of personnel data that is exposed through the dashboard. I will work with the data owner of the data to determine if this is indeed true.

Based on this information my management has asked me to work with you to properly document and determine the level of action and path forward.

Thank you

Craig J Curry
IT Director

Florida Department of Health
Division of Disease Control and Health Protection
[\(850\) 245-4231](tel:(850)245-4231) | [\(850\) 491-0063](tel:(850)491-0063)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

May 18, 2020

FED EX Overnight - Article # [REDACTED]

Ms. Rebekah Jones
[REDACTED]
[REDACTED]

Dear Ms. Jones:

This is to officially inform you that you are being dismissed from your position as an Environment Scientist & Spec, Incl Hlth – L4 (Environmental Hlth Program Consultant), effective close of business on Monday, May 25, 2020. You may use your available annual leave through the effective date.

This action is being taken pursuant to Section 110.604, Florida Statutes, and Rule 60L-36.005(3), Florida Administrative Code. Section 110.604, Florida Statutes, provides that employees in the Selected Exempt Service shall serve at the pleasure of the agency head and shall be subject to dismissal at the discretion of the agency head. You may, therefore, be dismissed at will. This personnel action is exempt from the provisions of Chapter 120, Florida Statutes.

Please contact Jawanna Whetsel, at (850) 617-5839 regarding your options for insurance and other benefits.

Sincerely,

Carina Blackmore, DVM, PhD, Dipl ACVPM
State Epidemiologist
Director

Division of Disease Control and Health Protection

cc: Personnel File

Amy A. Graham, Chief, Personnel & Human Resource Management
Riley Landy, Esquire

From: [Hicks, Tiffany A](#)
To: rebekah.costal@gmail.com
Cc: [Curry, Craig J](#)
Subject: Separation Documents (Jones, R.)
Date: Monday, May 18, 2020 3:50:49 PM
Attachments: [Jones R. - SES Dismissal \(using AL\).pdf](#)
[image001.png](#)
[Jones, R. - Cover Memo \(Settlement Agreement\).pdf](#)
[Jones, R. - Resignation Settlement \(using leave\).pdf](#)
Importance: High

Good afternoon Ms. Jones,

Per our recent conversation, I am attaching the separation documents discussed. Please read the resignation settlement agreement and contact me with any questions at (850) 245-4484 or via e-mail. If you choose to resign via the resignation settlement agreement, please return **all** pages of the settlement agreement with your initials on the bottom of **each page** and your signature on the last page to me by close of business Thursday, May 21, 2020.

Also, as stated during the phone call, if you wish to make a public records request, please contact Ms. Scarlett Buchanan at (850) 245-4166 and/or Scarlett.Buchanan@flhealth.gov to initiate the process.

Stay in the know! Visit the [HR Blog](#)

Tiffany Hicks

Labor Relations Consultant
Bureau of Personnel & Human Resource Management
Florida Department of Health
4052 Bald Cypress Way, Bin #B03
Tallahassee, FL 32399
(850) 245-4484
(850) 413-6716 (Confidential fax)



How's my customer service? Take our [survey](#).

Mission: Promote, protect and improve the health of all people in Florida through integrated state, county and community efforts.
Vision: To be the Healthiest State in the Nation

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE <input type="checkbox"/> SELECTED EXEMPT SERVICE <input checked="" type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/>			
POSITION LOCATION INFORMATION		Position Exempt Under 110.205(2)(W), F.S. Managerial <input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Other <input type="checkbox"/>	
NAME OF AGENCY: FLORIDA DEPARTMENT OF HEALTH			
DIVISION/COMPARABLE: Division of Disease Control and Health Protection		Position Number: 64085817	FTE: 1.0
BUREAU/COMPARABLE : Environmental Health		Current Broadband Level Code: 19-2041-04	Current Class Title: Environmental Health Program Consultant -SES
SECTION/SUBSECTION: Technology		Proposed Broadband Level Code:	Proposed Class Title: Proposed Class Code:
HEADQUARTERS/COUNTY CODE: Tallahassee/37		Type of Transaction:	
INCUMBENT: Rebekah Jones		APPROVAL AUTHORITY USE ONLY	
POSITION ATTRIBUTES : EEO : 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input checked="" type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Broadband Level Code:	Class Code:
		Approved By:	
		Effective Date:	
		APPROVED BROADBAND OCCUPATION:	
		APPROVED CLASS TITLE:	
1. This position reports directly to: Position Number <u>64026726</u> Broadband Level Code <u>11-3021-02</u> Broadband Occupation <u>Computer & Information Systems Managers</u> Class Code <u>2117</u> Class Title <u>Systems Programming Administrator-SES</u>			
2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:			
15-1121-04 OPS Systems Programming Consultant 2117 64800789 Tallahassee/37 15-1121-04 OPS Systems Programming Consultant 2117 64801268 Tallahassee/37			
3. What statutes establish or define the work performed? 381, F.S.			
4. This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
5. Current budget for which this position is accountable (if applicable):			
_____ Salaries & Benefits		_____ O.P.S.	
_____ F.C.O.		_____ Data Processing	
		_____ Expenses	
		_____ TOTAL ALLOTMENT	
If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.			

6. Duties and Responsibilities - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of
Time

Duties and Responsibilities

Develop and maintain standards, policies, protocols and procedures for Geographic Information System (GIS) and Global Positioning System (GPS) technologies in support of statewide Environmental Health programs, including those required to support Environmental Health Homeland Security Preparedness...

Complete individual GIS/GPS mapping projects as required and provide technical support for GIS/GPS projects created by endusers at Environmental Health headquarters, including those associated with Homeland Security Preparedness.

Direct the design, development and implementation of web-based GIS projects to disseminate environmental health data for statewide programs via the Department's Intranet for use in Homeland Security by headquarters and county health departments.

Review and recommend GIS/GPS hardware and software for purchase.

Ensure new purchases will support the implementation of GIS/GPS solutions for the Division of Disease Control & Health Protection including the support of Homeland Security Preparedness.

This individual will be responsible for all supervisory duties including, but not limited to, hiring and selection, developing performance plans, conducting performance appraisals, planning and directing their work, approving leave, and taking disciplinary action as appropriate.

Supervises two OPS employees within the Division.

Coordinate a GIS workgroup to assist Environmental Health staff in creating their own projects for in-depth analysis of statewide public health issues that are associated with conditions in the environment and homeland security preparedness.

Represent Environmental Health on the Department of Health's GIS Coordination Committee.

Performs other duties as required.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:
8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):
9. Other job-related requirements for this position:
Incumbent may be required to work before, during and/or beyond normal work hours or days in the event of an emergency. Emergency duty required of the incumbent includes working in special needs or Red Cross shelters, or performing other emergency duties including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.
10. Working hours: (A) Daily from 8:00AM to 5:00PM (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.):

11. Agency Use Only –

Check those that apply: Uniform Allowance ☐ CJIP ☒ Bond Indicator ☐ Drug Screening ☒ Re-screening ☐
Security Check: No security screen required ☐ Background investigation required ☐ Background & fingerprint required ☒
Fingerprint investigation required ☒ Access to abuse records ☐ Caretaker ☐ Financial ☐ Law enforcement ☐ Management ☐
Sensitive ☒ Agency Security Check ☐
Check the Strategic Priority Areas of the Agency Strategic Plan that support the duties and responsibilities:
Health Equity ☒ Long, Healthy Life ☐ Readiness for Emerging Health Threats ☐ Effective Agency Processes ☐
Regulatory Efficiency ☐

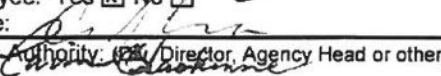
The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature: 

Date:

12/20/19

Discussed with Employee: Yes ☒ No ☐

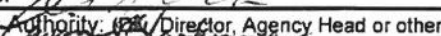
Supervisor's Signature: 

Title:

IT Director DCHP

Date:

12/20/2019

Approval of Reviewing Authority: (IT Director, Agency Head or other) 

Title:

Division Director

Date:

12/20/19

Approval of Agency Personnel Officer:

Title:

Date:



271055

Florida Department of Health
CRIMINAL RECORD "HIT" CHECKLIST

Level 2 Screening

☐ New Hire☐ P-Card

Applicant Information

Name: Rebekah Jones
Position Title/Number: 801248 - Syst. Mgmt. Consult Office/Location: TLH
HR Liaison/Manager: Janet Callins Recruitment Staff: Miatto
Date HR Received Screening Results: 8-17-18
State of Florida Employment Application Reviewed: ☒ YES ☐ NO
If no, why: Comment: _____

Review Checklist

Did the applicant properly disclose the required offense(s) on the employment application? ☐ YES ☒ NO ☐ N/A

If the above answer is "no", does the hiring office wish to proceed with the hire? ☐ YES ☐ NO

Does the offense fall under Section 435.04, Florida Statutes? ☐ YES ☒ NO

NOTE: If yes, ALL exemption requests must be routed through Central Office Personnel & Human Resource Management for approval by the Deputy Secretary.

Are the offenses fiscal in nature (could affect eligibility for P-Card and/or FLAIR access)? ☐ YES ☐ NO

Will the applicant be required to provide additional documentation regarding the HIT? If yes, please explain. ☒ YES ☐ NO

Date documents requested: 8-17-18

Date documents received: 8-24-18

Comments

LVI-1 MIS
8/24 Recd document from candidate

8/17-requested disp.
8/24- To legal for review
8/28- Cleared

Recruitment Staff Signature: _____ Date: 8/28/18

IN THE COUNTY COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO. 17MM03464
SPN: 252335

vs.

Rebekah D. Jones,

Defendant.

DEFERRED PROSECUTION AGREEMENT

It being alleged that you have committed an offense against the State on or about the 10/16/2017 to wit: Criminal Mischief and it further appearing after an investigation of the offense and into your background, it appears that the interest of the State of Florida, and your interest will best be served by the following procedures:

THEREFORE on the authority of Jack Campbell, State Attorney, in and for the Second Judicial Circuit, prosecution in this matter for said violation will be deferred for a period of 6 months months from date of execution of this Agreement, pursuant to the following terms and conditions:

1. Defendant shall refrain from violation of any Federal, State, or Local law.
2. Defendant shall immediately inform the Office of the State Attorney of any violation of Federal, State, or Local law.
3. Defendant shall immediately inform the Office of the State Attorney of any anticipated change in residence, address, employment, or college.
4. Defendant shall cooperate in verifying any information requested by the Office of the State Attorney.
5. Defendant shall pay a Deferred Prosecution fee of **\$100.00** in this matter.¹
6. **Special Conditions:**

AM, 30 CSH, NCWV

During the period of deferred prosecution, the State Attorney may revoke or modify the conditions of your deferred prosecution by prosecuting you for this offense, or any offense supported by the facts of the case, if you violate any of the above conditions.


The parties stipulate and agree that this Agreement is a deferral of prosecution and not a contract of immunity. Should Defendant fail to meet the terms and conditions of this agreement, the Agreement shall be void, at the discretion of the State Attorney, without notice of hearing and prosecution may then be instituted.

¹ The \$100.00 Deferred Prosecution fee is to be made payable to the *Office of the State Attorney* (by Money Order) at the time case is placed DPA Status

The undersigned Assistant State Attorney hereby warrants and agrees that should Defendant fully meet the terms and conditions of this Agreement, the charges referred to herein shall be dismissed. It is stipulated and agreed that the State Attorney's decision regarding full compliance in this regard shall not be reviewable by any court.

By signing this deferred prosecution agreement the defendant Rebekah D. Jones withdraws and/or waives his/her right to a speedy trial for the period of his/her diversions under the Constitution and laws of Florida and the United States of America in the cause for which prosecution is being deferred. Further that he/she understands the contract and will abide by conditions in this contract. Your diversion period will begin on the date of the last signature date of the below three signatures.

8/10/18
DATE


DEFENDANT
Rebekah D. Jones

8/22/18
DATE


ASSISTANT STATE ATTORNEY
Julian Pratt

8/10/18
DATE


DEFENDANT'S ATTORNEY
Randall Harper



HILLAR C. MOORE, III

DISTRICT ATTORNEY, 19TH JUDICIAL DISTRICT
EAST BATON ROUGE PARISH

March 16, 2018

REBEKAH D JONES
2772 JULY ST.
BATON ROUGE, LA 70808

RE: COMPLETION OF THE PRE TRIAL INTERVENTION PROGRAM

DEFENDANT:	REBEKAH D JONES
DA FILE NUMBER:	08887-16
DATE OF BIRTH:	[REDACTED]
DATE OF ARREST:	6/13/2016
CHARGE(S):	Entry or Remaining After Being Forbidden Battery of a Police Officer Resisting an Officer
PARISH:	East Baton Rouge
COMPLETION DATE:	2/7/2018

To Whom It May Concern:

The above named defendant has satisfactorily completed the East Baton Rouge Parish District Attorney's Pre Trial Intervention Program. This case has been returned to the proper section for the case to be dismissed. This record will show no conviction for the charge(s), in question, and there will be no prosecution on the above mentioned charge(s), dated 6/13/2016.

It is my sincere wish that this program has made a positive difference in your life. Please do not hesitate to contact my office if you have any questions.

Sincerely,

HILLAR C. MOORE, III
District Attorney

DUSTY GUIDRY

Program Director

OFFICE OF THE DISTRICT ATTORNEY

2018 AIRLINE HIGHWAY, FLOOR 2 ROOM 201 • BATON ROUGE, LA 70815
WWW.EBRDA.ORG • PHONE: 225-389-3428 • FAX: 225-389-8552

East Baton Rouge Parish Clerk of Court

Docket Report Results

Report Selection Criteria

Case ID: 08-16-0601

Docket Start Date:

Docket Ending Date:

Case Description

Case ID: 08-16-0601 - REBEKAH D JONES - NON JURY-

Filing Date: Thursday, August 25, 2016

Type: MS - Misdemeanor

Status: 3014 - Case Dismissed

Charges

Defendant	Charge #	Charge	Disposition/Date	Sentence/Judge
JONES, REBEKAH	1	14:63.3 ENTRY/REMAIN AFTER FORBIDDEN	Dismissed 3/29/2018 12:00:00 AM	No Data Found
JONES, REBEKAH	2	14:34.2B1 BATTERY OF A POLICE OFFICER	Dismissed 3/29/2018 12:00:00 AM	No Data Found
JONES, REBEKAH	3	14:34.2B1 BATTERY OF A POLICE OFFICER	Dismissed 3/29/2018 12:00:00 AM	No Data Found
JONES, REBEKAH	4	14:108 RESISTING AN OFFICER	Dismissed 3/29/2018 12:00:00 AM	No Data Found

Related Cases

B06-16-0431

Case Event Schedule

No case events where found.

Case Parties

Seq #	Assoc	End Date	Type	ID	Name	Race	Sex	Birth Date
2			Defendant #1	@1256247	JONES, REBEKAH	W	F	
Address: 465 BAIRD DRIVE BATON ROUGE LA 00000					Aliases: none			

3		Judge	TW	WHITE, HON TRUDY M.			
Address:		19TH JDC 300 NORTH BLVD, RM 6C BATON ROUGE LA 70802 (225)389-4737		Aliases:		none	
4		Assistant District Attorney	BR35674	BREAUX JR, FRANK W.		N	
Address:		EBR DA'S OFFICE 222 ST LOUIS ST BATON ROUGE LA 70801		Aliases:		none	
5		Witness	@1275221	MADATIC, LINDSAY			
Address:		110 THOMAS BOYD HALL LSU BATON ROUGE LA		Aliases:		none	
6		Witness	@1275222	BETHEL, MATTHEW			
Address:		232 SEA GRANT BLD. LSU BATON ROUGE LA		Aliases:		none	
7		Witness	@1275223	MELCHOIR, JEFFREY			
Address:		LSU PD ~		Aliases:		none	
8		Witness	@1275224	METZGER, JEFFREY			
Address:		LSU PD ~		Aliases:		none	
9	2	Local Surety Agent	@2024	BAIL ONE	B	M	22-Jan-1969
Address:		3075 ROSENWALD ROAD BATON ROUGE LA 70807		Aliases:		none	
10	2	Surety	@766830	FIRST COMMUNITY INSURANCE COMPANY	B	M	07-Jun-1993
Address:		P. O. BOX 33015 ST. PETERSBURG FL 33733 (800)627-0000		Aliases:		none	
11	2	Attorney	BR20972	MOORE, STEVEN J			
Address:		ATTORNEY AT LAW 6513 PERKINS RD BATON ROUGE LA 70808		Aliases:		none	

Docket Entries

Filing Date	Description	Name	Party Association
-------------	-------------	------	-------------------

16-Jun-2016 01:03 PM	COMM SURETY	JONES, REBEKAH	Defendant #1
Entry:	POWER NO. 320006579-5		
Image:	Image Available -	Microfilm #:	
16-Jun-2016 01:04 PM	BOND NUMBER	JONES, REBEKAH	Defendant #1
Entry:	BOND NO. 163139		
Image:		Microfilm #:	
25-Aug-2016 09:48 AM	BILL FILED	JONES, REBEKAH	Defendant #1
Entry:	none		
Image:	Image Available -	Microfilm #:	
12-Oct-2016 10:58 AM	Arraigned - Misdemeanor	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTRY/REMAIN AFTER FORBIDDEN; BATTERY OF A POLICE OFFICER (2CTS); RESISTING AN OFFICER This matter came before the Court for arraignment, pursuant to previous assignment. Steve moore appeared this date on behalf of the accused and enrolled as counsel of record. Frank Breaux, Jr., Assistant District Attorney, was present for the State of Louisiana. Counsel waived the presence of the accused, waived formal arraignment on behalf of the accused and entered a plea of not guilty on behalf of the accused in absentia. On motion of the State, the matter was assigned for status on Janaury 19, 2017, at 9:00 a.m. Defense counsel accepted notice of said date for himself and the accused.		
Image:		Microfilm #:	
19-Jan-2017 01:23 PM	Continuance	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTRY/REMAIN AFTER FORBIDDEN; TWO COUNTS OF BATTERY OF A POLICE OFFICER; RESISTING AN OFFICER This matter came before the Court for status, pursuant to previous assignment. Mr. steven Moore, counsel for the accused, appeared this date and waived the presence of the accused. Mr. Frank Breaux, Assistant District Attorney, was present for the State of Louisiana. On joint motion of the State and defense counsel, the Court ordered that the matter be continued until April 5, 2017, at 9:00 a.m. for a status conference. Defense counsel accepted notice of said date for himself and the accused.		
Image:		Microfilm #:	
05-Apr-2017 09:51 AM	Continuance	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTY/REMAIN AFTER FORBIDDEN, BATTERY OF A POLICE OFFICER, BATTERY OF A POLICE OFFICER AND RESISTING AN OFFICER. This matter came before the Court for status, pursuant to previous assignment. The accused was present in court, represented by counsel, Mr. Steve Moore. Mr. Frank Breaux, Jr., Assistant District Attorney, was present for the State of Louisiana. On motion of defense counsel, the Court ordered that the matter be continued until August 7, 2017, at 09:00 A.m. Notice was given to the accused and counsel in open court.		
Image:		Microfilm #:	
07-Aug-2017 02:28 PM	Continuance	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTRY/REAMIN AFTER FORBIDDEN; BATTERY OF A POLICE OFFICER (2 COUNTS); RESISTING AND OFFICER; This matter came before the		

Court for status, pursuant to previous assignment. Mr. Steve Moore, counsel for the accused, appeared this date and waived the presence of the accused. Mr. Frank Breaux, Jr., Assistant District Attorney, was present for the State of Louisiana. On motion of the defense counsel, the Court ordered that this matter be continued until December 13, 2017, at 9:00 a.m. for trial. Defense counsel accepted notice of said date for himself and the accused. Notify all Parties			
Image:		Microfilm #:	
13-Dec-2017 02:16 PM	Continuance	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTRY/REMAIN AFTER FORBIDDEN; BATTERY OF A POLICE OFFICER (2 COUNTS) RESISTING AN OFFICER This matter came before the Court for trial, pursuant to previous assignment. Steven Moore, counsel for the accused, appeared this date and waived the presence of the accused. Frank Breaux, Jr., Assistant District Attorney, was present for the State of Louisiana. On motion of the defense counsel, the Court ordered that this matter be continued until March 29, 2018, at 9:00 a.m. for status. Defense counsel accepted notice of said date for himself and the accused.		
Image:		Microfilm #:	
29-Mar-2018 03:26 PM	Case Dismissed	JONES, REBEKAH	Defendant #1
Entry:	CHARGE(S): ENTRY/REMAIN AFTER FORBIDDEN; BATTERY OF A POLICE OFFICER (2 COUNTS); RESISTING AN OFFICER This matter came before the Court for status, pursuant to previous assignment. The accused was present in court represented by Steben Moore. Anjelica Torrance, Assistant District Attorney, was present for the State of Louisiana. The State of Louisiana dismissed the charge against the accused for the reason stated on the bill of information. The Court ordered that the accused be released from his bond obligation as to this charge only.		
Image:		Microfilm #:	
- record searched on 8/20/2018 12:20:37 PM for user "Public User" -			

[Search Home](#)
[Related Cases](#)

[New Search](#)
[Event Schedule](#)

[Report Selection](#)
[Case Parties](#)

[Case Description](#)
[Docket Entries](#)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 18, 2020

FED EX Overnight - Article # 8111 9872 2005

Ms. Rebekah Jones


Dear Ms. Jones:

This is to officially inform you that you are being dismissed from your position as an Environment Scientist & Spec, Incl Hlth – L4 (Environmental Hlth Program Consultant), effective close of business on Monday, May 25, 2020. You may use your available annual leave through the effective date.

This action is being taken pursuant to Section 110.604, Florida Statutes, and Rule 60L-36.005(3), Florida Administrative Code. Section 110.604, Florida Statutes, provides that employees in the Selected Exempt Service shall serve at the pleasure of the agency head and shall be subject to dismissal at the discretion of the agency head. You may, therefore, be dismissed at will. This personnel action is exempt from the provisions of Chapter 120, Florida Statutes.

Please contact Jawanna Whetsel, at (850) 617-5839 regarding your options for insurance and other benefits.

Sincerely,

Carina Blackmore, DVM, PhD, Dipl ACVPM
State Epidemiologist
Director

Division of Disease Control and Health Protection

cc: Personnel File

Amy A. Graham, Chief, Personnel & Human Resource Management
Riley Landy, Esquire



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 18, 2020

FED EX Overnight - Article # 8111 9872 2005

Ms. Rebekah Jones


Dear Ms. Jones:

This is to officially inform you that you are being dismissed from your position as an Environment Scientist & Spec, Incl Hlth – L4 (Environmental Hlth Program Consultant), effective close of business on Monday, May 25, 2020. You may use your available annual leave through the effective date.

This action is being taken pursuant to Section 110.604, Florida Statutes, and Rule 60L-36.005(3), Florida Administrative Code. Section 110.604, Florida Statutes, provides that employees in the Selected Exempt Service shall serve at the pleasure of the agency head and shall be subject to dismissal at the discretion of the agency head. You may, therefore, be dismissed at will. This personnel action is exempt from the provisions of Chapter 120, Florida Statutes.

Please contact Jawanna Whetsel, at (850) 617-5839 regarding your options for insurance and other benefits.

Sincerely,

Carina Blackmore, DVM, PhD, Dipl ACVPM
State Epidemiologist

Director

Division of Disease Control and Health Protection

cc: Personnel File

Amy A. Graham, Chief, Personnel & Human Resource Management

Riley Landy, Esquire

OATH OF LOYALTY

OATH OF LOYALTY - SECTION 876.05, FLORIDA STATUTES, REQUIRES THAT ALL STATE EMPLOYEES SIGN AN OATH OF LOYALTY AS A CONDITION OF EMPLOYMENT.

STATE OF FLORIDA

COUNTY OF Leon

I, Rebekah Jones (please type or print name), a citizen of the State of Florida and of the United States of America, and being employed by, or an officer of the State of Florida, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and of the State of Florida.

[Signature]
(Signature of Applicant)

Sworn to (or affirmed) and subscribed before me this 28th day

of Sept. 2018, by Rebekah Jones
Month Year Name of Person Making

Statement) Michelle Lynn Dawson
(Signature of Notary Public - State of Florida)

Michelle Lynn Dawson
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known (OR) Produced Identification

Type of Identification Produced: _____



**Case Verification Number: 2018275134111BH**

Report prepared: 10/02/2018

Company Information**Company ID:** 383820**Company Name:** Florida Department of Health**Client Company ID:** 383820**Client Company Name:** Florida Department of Health**Employee Information****Name:** Rebekah D. Jones**Date of Birth:** [REDACTED]**U.S. Social Security Number:** [REDACTED]**Employee's First Day of Employment:** 09/28/2018**Citizenship Status:** U.S. Citizen**Document Information****List B Document:** Driver's license or ID card issued by a U.S. state or outlying possession**Document Subtype:** Driver's License**Document Number:** [REDACTED]**Expiration Date:** [REDACTED]**State:** Florida**List C Document:** Social Security Card**Case Information****Current Case Result:** Closed**Case Submitted By:** Shelly Dawson**Case Status:** Employment Authorized**Reason for Closure:** Employment Authorized Auto Close



EMPLOYEE ACKNOWLEDGEMENTS

This form is part of the required documentation for new employees to the Department of Health. Please initial and sign as directed and return the completed form to your supervisor/manager or human resource liaison.

I understand that it is my responsibility to review and understand:

- The **Employee Handbook and Discipline Policy**, located on the department's Intranet web site, and that the information contained in this handbook is not all-inclusive; there will be periodic changes. Additional information regarding discipline may be found in Section 110.227, Florida Statutes, "Suspensions, dismissals, reductions in pay, demotions, layoffs, transfers, and grievances," and Chapter 60L-36, Florida Administrative Code, "Conduct of Employees." I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The department's **Code of Ethics Policy**, is located on the department's Intranet website. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The department's **Equal Employment Opportunity Policy, Americans with Disabilities Act Accommodations Policy, Sexual Harassment Policy, and Equal Opportunity in Service Delivery Policy** are located on the department's Intranet website. These policies address the equal opportunity requirements of federal and state law with regard to employment and the provision of services to clients. I also understand that I may obtain clarification or additional information from my supervisor, servicing human resource office, or the Equal Opportunity Section staff in the Bureau of Human Resource Management.
- The **Drug-Free Workplace Policy** is located on the department's Intranet website. This policy includes a list of all drugs for which this department may test, described by brand names or common names, as applicable, as well as by chemical name. The names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available by contacting the servicing human resource office. Additional information regarding the drug free workplace may be found in Section 112.0455, Florida Statutes. I also understand my compliance with this policy is a condition of employment.
- The department's **Violence in the Workplace Policy** is located on the department's Intranet website. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The **Workers' Compensation Handbook**. I have reviewed the procedure to follow in the event of an injury and understand my responsibilities under the Managed Care Program.
- The State of Florida **Payroll Schedule**. I have reviewed the current payroll schedule, located on the department's intranet website. I understand that it is my responsibility to accurately submit my electronic attendance and leave record in People First to my supervisor/manager no later than the Friday following the close of the pay period and that intentional falsification of this leave record shall be cause for disciplinary action, up to and including dismissal. I also understand that failure to submit my leave and attendance record may result in not receiving a payroll warrant timely. I am aware that

it is my responsibility to monitor my accumulated leave balances each pay period and notify the servicing human resource office of any discrepancy immediately.

- The State of Florida's **Employee Information Center**. I understand that it is my responsibility to access and monitor my biweekly earning statement, and to certify that my earnings are accurate in accordance with my submitted timesheet and my appointed salary. Any discrepancies must be reported to my servicing human resource office as soon as they are discovered. I also understand that I can choose to enroll in electronic W-2 forms through the Employee Information Center.
- The department's **Background Screening Policy** is located on the department's Intranet website. Additional information regarding background screening may be found in Section 110.1127 and Chapter 435, Florida Statutes. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office. I also understand my compliance with this policy is a condition of employment.
- The **Health Insurance Marketplace Coverage Options and Your Health Coverage** document is located on the department's Intranet website. I have been provided a hard copy of this document.
- Membership in the **Florida Retirement System (FRS)** is compulsory for all employees working in a regularly established position, including Career Service, Selected Exempt Service (SES) or Senior Management Service (SMS) employees. I understand that as a member of the FRS, I am required to contribute 3% of gross compensation (pre-tax) to the FRS; this employee contribution is not optional and will be automatically deducted from any retirement-eligible compensation. Reemployed FRS retirees who were initially rehired in an FRS-eligible position on or after July 1, 2010, and Deferred Retirement Option Program (DROP) participants are not required to pay contributions to the FRS.

Please check and initial the appropriate statement in each of the following sections:

Secondary or Dual Employment

☒ I am not presently receiving compensation from another job (state or non-state).

☐ I am currently receiving compensation from another state agency.

If you are currently receiving compensation from another state agency, you must complete a "Dual Employment and Compensation Request". You are not permitted to work in a secondary capacity until you receive approval from your servicing human resource office.

☐ I am currently receiving compensation from a job outside of state government (including a state university).

If you are currently receiving compensation from an entity outside of state government, you must complete an "Outside Employment Request". You are not permitted to work in a secondary capacity until you receive approval from your servicing human resource office or, if necessary, the Ethics Officer in the General Counsel's office.

Check appropriate box(es) and initial here: 

Personnel Record Confidentiality

Section 119.07(3), Florida Statutes, contains an exemption from the Public Records Law for the home addresses, home telephone numbers, and in most cases, the photographs, of certain employees, and their spouses and children. You may qualify for this exemption if you or your spouse falls into one of these categories, you are the child of someone who falls into these categories, or you have children residing with you whose non-custodial parent qualifies.

Category	Indicator Name	Description
1	Sworn / Certified	Pursuant to Chapter 119, F.S., individuals who are current or former holders of a sworn / certified position in law enforcement are permanently eligible for this exemption, even if they are no longer active.
2	Restricted	Pursuant to Chapter 119, F.S., individuals who are current or former holders of specified positions (non-sworn / certified), but did involve any of the various judicial, enforcement or prosecutorial duties described in subparagraphs 119.071(4)(d) 1-6, F.S.; or the duties of various personnel of the Department of Juvenile Justice, as described in subparagraph 119.071(4)(d)7, F.S.) are permanently eligible for this exemption, even if they are no longer active.
3	Restricted Relative	Pursuant to Chapter 119.071(4)(d), F.S., individuals who are the spouse or children of current or former holders of a sworn / certified position in law enforcement are eligible for this exemption. Eligibility for this indicator may change in case of a divorce.
4	Protected Identity	Pursuant to court-issued restraining orders or other legal documents, identified employees may document their legal right to have their home and work address information exempted from public record requests. Eligibility for this indicator may change in cases where the court order expires.

☒ If any of the preceding criteria apply to you and you are invoking your rights under this statute, please indicate the number or numbers that apply and initial below.

Criteria Number(s) 2 Initials [Signature]

If a category applies as the result of a relationship, please indicate the name and relationship:

Name: [Redacted] Relationship: Spouse

☐ If this statute is not applicable to you, please check this box and initial here: _____

FOR OTHER PERSONAL SERVICES (OPS) EMPLOYEES ONLY

OPS General Information Sheet

Degree-Seeking Students

Degree-seeking students may be employed for an unlimited number of hours. Please indicate here if you are a degree-seeking student and at which institution you are enrolled. It will be necessary for you to provide documentation of enrollment, either student identification or a copy of enrollment verification each semester or quarter.

☐ No, I am not a degree-seeking student.

☒ Yes, I am a degree-seeking student presently enrolled at Florida State University
(Documentation is attached).

Check appropriate box and initial here: 


State of Florida 401(a) FICA Alternative Plan (Mandatory)

OPS employees are not covered by Social Security and are not subject to Social Security taxes (Medicare only). Instead, eligible OPS employees will be enrolled in a qualified retirement plan, administered by BENCOR. Enrollment in this plan is mandatory and automatic, unless you are also employed in a position that is covered by the Florida Retirement System (FRS) or you are retired from the FRS.

☐ Yes, I am retired from the Florida Retirement System (FRS). *Notify your servicing human resource office immediately to avoid improper deductions from your pay.*


☐ Yes, I currently work for DOH or another employer in a position that is covered by the FRS. *Notify your servicing human resource office immediately to avoid improper deductions from your pay.*

☒ No, I am neither a FRS retiree or employed with any employer in a covered FRS position. I understand that I will be enrolled in the FICA-Alternative Plan.

Check appropriate box(es) and initial here: 

This is to certify that I have read and understand the information contained or referenced in this document and that I have taken appropriate action as directed, where applicable. I understand that this form will become a permanent part of my personnel file.

Rebekah Jones
Print Name


Employee Signature

9/28/18
Date

Print Name

Supervisor Signature

Date

Rebekah Jones



Acceptable Use and Confidentiality Agreement

SECTION A The Department of Health (DOH) worker and the supervisor or designee must address each item and initial.

Security and Confidentiality Supportive Data

- W S**
- ☒ ☐ I have been advised of the location of and have access to the Florida Statutes and Administrative Rules.
- ☒ ☐ I have been advised of the location of and have access to the core Department of Health Policies, Protocols and Procedures and local operating procedures.

Position-Related Security and Confidentiality Responsibilities

I understand that the Department of Health is a unit of government and generally all its programs and related activities are referenced in Florida Statutes and Administrative Code Rules. I further understand that the listing of specific statutes and rules in this paragraph may not be comprehensive and at times those laws may be subject to amendment or repeal. Notwithstanding these facts, I understand that I am responsible for complying with the provisions of policy DOHP 50-10-10. I further understand that I have the opportunity and responsibility to inquire of my supervisor if there are statutes and rules which I do not understand.

- ☐ ☐ I have been given copies or been advised of the location of the following specific Florida Statutes and Administrative Rules that pertain to my position responsibilities:

- ☐ ☐ I have been given copies or been advised of the location of the following specific core DOH Policies, Protocols and Procedures that pertain to my position responsibilities:

- ☐ ☐ I have been given copies or been advised of the location of the following specific supplemental operating procedures that pertain to my position responsibilities:

- ☒ ☐ I have received instructions for maintaining the physical security and protection of confidential information, which are in place in my immediate work environment.

I have been given access to the following sets of confidential information:

- ☐ ☐ _____
☐ ☐ _____
☐ ☐ _____

Penalties for Non Compliance

- ☒ ☐ I have been advised of the location of and have access to the DOH Employee Handbook and understand the disciplinary actions associated with a breach of confidentiality.
- ☒ ☐ I understand that a security violation may result in criminal prosecution and disciplinary action ranging from reprimand to dismissal.
- ☒ ☐ I understand my professional responsibility and the procedures to report suspected or known security breaches.

The purpose of this Acceptable Use and Confidentiality Agreement is to emphasize that access to all confidential information regarding a member of the workforce or held in client health records is limited and governed by federal and state laws. Confidential information includes: the client's name, social security number, address, medical, social and financial data and services received. Data collection by interview, observation, or review of documents must be in a setting that protects the client's privacy. Information discussed by health team members must be held in strict confidence, must be limited to information related to the provision of care to the client, and must not be discussed outside the department.

DOH Worker's Signature

9/25/18
Date

Supervisor or Designee Signature

SECTION B Information Resource Management (Initial each item, which applies)

The member of the workforce has access to computer-related media.

- ☒ Yes Have each member of the workforce read and sign Section B.
☐ No It is not necessary to complete Section B.

Understanding of the Florida Computer Crimes Act, if applicable.

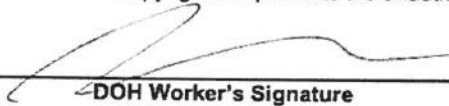
The Department of Health has authorized you to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's disciplinary standards and in addition to departmental discipline, the commission of computer crimes may result in felony criminal charges. The *Florida Computer Crimes Act, Chapter 815, F.S.*, addresses the unauthorized modification, destruction, disclosure or taking of information resources.

I have read the above statements and by my signature acknowledge that I have read and been given a copy of, or been advised of the location of, the *Florida Computer Crimes Act, Chapter 815, F.S.* I understand that a security violation may result in criminal prosecution according to the provisions of *Chapter 815, F.S.*, and may also result in disciplinary action against me according to Department of Health policy.

The minimum information resource management requirements are:

- Personal passwords are not to be disclosed. There may be supplemental operating procedures that permit shared access to electronic mail for the purpose of ensuring day-to-day operations of the department.
- Information, both paper-based and electronic-based, is not to be obtained for my own or another person's personal use.
- Department of Health data, information, and technology resources shall be used for official state business, except as allowed by the department's policy, protocols, and procedures.
- Only approved software shall be installed on Department of Health computers (DOHP 50-10c-10).
- Access to and use of the Internet and email from a Department of Health computer shall be limited to official state business, except as allowed by the department's policy, protocols, and procedures.
- Copyright law prohibits the unauthorized use or duplication of software.

 _____ DOH Worker's Signature	<u>9/28/18</u> _____ Date	_____ Supervisor or Designee Signature
<u>Rebekah Jones</u> _____ Print Name	_____ Date	_____ Print Name

W=Worker

S=Supervisor

PERSONNEL ACTION REQUEST FORM

Completed

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

TYPE OF ACTION

Appointments	Reason	Effective Date	PAR Number
Orig Appt - SES/SMS/Elect/Appt		11/22/2019	000003637704

NAME

Appointment ID	First Name	Middle Name	Last Name
01474744	REBEKAH		JONES

TO POSITION

Position Title:	ENVIRONMENTAL HLTH PRGRAM CONSULTANT-SE
Position Number:	64085817
Pay Band / Grade:	012
Org Code:	640366000000000000000000 - DIVISION OF DISEASE
FLAIR Org Code:	64673100000
Salary Range:	43,226 - 140,480
Broadband / Class Code:	19-2041-04
Broadband / Class Title:	ENVIRONMEN SCIENTIST & SPEC, INCL HLTH
Included / Excluded:	Excluded
Pay Plan / OPS Type:	SES
Position FTE:	1.00
Appointment FTE:	1.00
Agency:	Department of Health
Facility Number:	F11319
411 Phone:	850-245-4574
City:	TALLAHASSEE
Work County:	037 - Leon
Position Overlap:	

SALARY

CURRENT

NEW

Period:		Biweekly
Base Salary:	0.00	1,846.15
Total Period Salary:	0.00	1,846.15

APPROVAL

Appt ID	Name	Status	Approved	Date/Time Stamp
00707531	JOANNA WALKER	Submitted		11/25/2019 13:45:32
00188993	JACQUELYN H GASTON	Approved	00707531 - JOANNA WALKER	11/25/2019 13:46:00
00707531	JOANNA WALKER	Acted upon	00707531 - JOANNA WALKER	11/25/2019 13:46:55

NOTES / COMMENTS

JOANNA WALKER TICKET 97464	11/25/2019 13:45:31
-------------------------------	---------------------

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

Scott A. Rivkees, M.D.

State Surgeon General

Vision: To be the Healthiest State in the Nation

November 21, 2019

Rebekah Jones


Dear Ms. Jones:

This is to confirm my verbal offer of employment as an Environmental Health Program Consultant SES in the Division of Disease Control and Health Promotion. This position is included in the Selected Exempt Service and your employment will be governed by Chapter 110, Part V, *Florida Statutes*, "Selected Exempt Service".

As agreed, your salary will be \$1,846.15 biweekly. You will begin employment on November 22, 2019 at 8:00AM and you will report to Craig Curry:

Division of Disease Control and Health Protection
4025 Esplanade Way
Tallahassee, FL 32399

Participation in the Direct Deposit Program is now a condition of employment for all persons appointed to a position in state government. If you are not already participating in the Direct Deposit Program, you will be expected to enroll within 31 days of employment. In addition, this position requires background screening/fingerprinting and drug testing (add if applicable) as indicated in the advertisement; continued employment will be contingent upon the results of that process.

If you will be receiving dual compensation from another state agency or compensation from a job outside of state government, including the state university system, you will be required to complete a "Dual Employment" form or an "Outside Employment Request" form and approval must be granted prior to your start date.

In the event of an emergency, this office is required to perform emergency operations functions. You may be required to work before, during, and/or beyond your normal work hours or days in the event of an emergency. Required emergency duty includes working in a special needs or Red Cross shelter, or performing other emergency duties including, but not limited to, responses to or threats involving any disaster, man-made or natural. **NOTE: IF THE INCUMBENT WILL BE IN "GROUP 1" UNDER THE**

Rebekah Jones
November 21, 2019
Page 2

Florida Department of Health

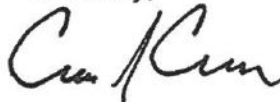
Division of Administration • Bureau of Personnel and Human
Resource Management
4052 Bald Cypress Way, Bin B-03 • Tallahassee, FL 32399-1731
PHONE: 850/245-4188 • FAX 850/410-1447

**Accredited Health Department**
Public Health Accreditation Board

EMERGENCY DUTY POLICY, ADD THE FOLLOWING SENTENCE HERE: Emergency duties may also include in-state and/or out-of-state deployment.

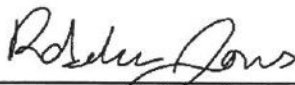
I am pleased to offer you this position and am looking forward to working with you. If you have any questions, please call me at 850-245-4994.

Sincerely,



Craig J. Curry
Director, IT Director's Office

I accept the above offer of employment



Rebekah Jones

11/22/2019

Date



FLORIDA DEPARTMENT OF HEALTH CANDIDATE CHECKLIST

This checklist describes items that should be discussed by the interviewing/hiring manager during each candidate's interview. Some items are required of all candidates; however, not all topics are applicable to all employees. Both the candidate and the interviewing/hiring manager must sign this form indicating that applicable items have been discussed with the candidate. For non-applicable items, indicate N/A.

CANDIDATE NAME REBEKAH JONES

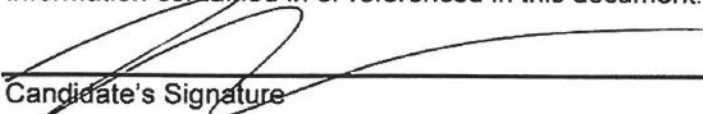
CLASS TITLE ENVIRONMENTAL HLTH PRGRAM CONSULTANT-SES POSITION # 64085817

INTERVIEWING SUPERVISOR/HIRING MANAGER CRAIG CURRY

- ☒ **Reference Check(s) (for all candidates appointed to any position, including OPS):** I understand that if I am one of the top candidates for this position, reference checks may be conducted by contacting my present and past employers.
- ☒ **Disclosure of Social Security Number (for all external candidates appointed to any position, including OPS):** I understand that if I am selected for this position, in order to complete the employment process, I will be required to provide a copy of a valid driver's license or other government-issued picture ID and a copy of my Social Security card.
- ☒ **Florida Retirement System (FRS) Certification Form (for all external candidates appointed to any position, including OPS):** I understand that if I am one of the top candidates for this position, I must complete this form to certify whether I am an FRS retiree. I understand that there are restrictions on reemployment in the first 12 calendar months after retirement from the FRS and that prior to an offer of employment, this completed form will be reviewed to determine if my employment in this position would violate the reemployment restrictions of the FRS.
- ☒ **Dual or Outside Employment (for all candidates):** If I am or will be receiving dual compensation from another state agency or compensation from a job outside of state government, including the state university system, I will be required to complete a "Dual Employment" form or an "Outside Employment Request" form and approval must be granted before I start employment. I also understand that these forms must be submitted and approved annually thereafter.
- ☒ **Form I-9 (Employment Eligibility Verification) (for all external candidates appointed to a state position, including OPS):** I understand that if I am selected for this position, I will be required to complete the Form I-9 to document that I am authorized to work in the United States.
- ☒ **E-Verify (for all external candidates appointed to a state position, including OPS):** I understand that if I am selected for this position, the U.S. Department of Homeland Security's E-Verify System will be used within three days of my start date to verify my employment eligibility.

- ☒ **Selective Service Registration (for all male candidates appointed or promoted to a Career Service, Selected Exempt Service, or Senior Management Service position):** I understand that if I am a male born on or after October 1, 1962, and I am selected for this position, the department must verify that I have registered with the Selective Service System prior to being placed on the payroll. If I am a current employee, I understand that I must show proof of registration prior to being promoted.
- ☒ **Background Screening (for all external candidates appointed to a sensitive position):** I understand that background screening (fingerprinting) is required as a condition of employment if my position is designated as "sensitive" due to the trust and responsibility required. If I am selected for this position, I understand that I will be fingerprinted and my prints will be submitted to the Florida Department of Law Enforcement (FDLE) and the FBI, and my employment or continued employment is contingent on the results of that screening.
- ☒ **Drug Screening (for all external candidates and certain internal candidates who are being offered a safety sensitive position):** If my position is designated as "safety sensitive", I understand that the successful completion of a drug screen is a condition of employment.
- ☒ I understand that Section 110.113, Florida Statutes, requires the use of direct deposit (EFT) as a **condition of employment** for persons employed in state government.
- I understand that if I am one of the top candidates for a position that requires a specific degree, verification of education will be completed prior to the position being offered to me.
- ☒ I understand that if I am one of the top candidates for a position that requires a license, certification, or registration, verification will be completed prior to the position being offered to me. For positions requiring a motor vehicle license, verification of my driving record may also be required.
- ☒ I understand that this position may have special requirements (e.g., shift work, on-call duties, rotating work schedule, accessibility of automobile, etc.), which have been discussed with me. Those requirements are: High potential of activation during declared events
-
- ☒ If my position is subject to mandatory emergency duty, I understand that I may be required to work before, during, and/or beyond normal work hours or days in the event of an emergency. Emergency operation functions required may include, but are not limited to, special needs shelters, Red Cross Shelters, Emergency Operations Command Centers (EOCCs), or other emergency functions, including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.
- ☒ The official position description for this position was discussed during the interview or provided to me (optional).
- ☒ I understand that I can access the State of Florida MyBenefits website at www.MyFlorida.com/MyBenefits to review information regarding pay, insurance, retirement, paid leave/holidays and other benefit programs offered to State of Florida employees. If I am the selected candidate, I will be provided additional information and timeframes to enroll in desired benefits.

This is to certify that each of the above items has been discussed with me and that I understand the information contained in or referenced in this document.

_____
Candidate's Signature

Date 10/15/19

Interviewing Supervisor/Hiring Manager Signature

Date

NOTE: The interviewing supervisor/hiring manager should provide a copy of this signed form to the candidate. The original should be maintained in the selection package for applicants who are not selected for the position. The original form for the selected candidate should be sent to the servicing human resource office for inclusion in the official personnel file.

EMPLOYMENT REFERENCE CHECK FORM

Note: The hiring authority must obtain the applicant's permission before contacting the current employer for positions at the bureau chief level and above. Please see section VII.D.13 c. of the Recruitment and Selection Policy, DOHP 60-21-13, for a list of positions to which this applies.

Applicant's name: Rebekah D. Jones SSN: N/A
Position applied for: OPS Systems Programming Consultant Position number: 64801268
Organization contacted: N/A
Person contacted: Dr. Victor Mesev (vmesev@fsu.edu) Telephone: 850-644-1706

1. Rebekah Jones has given your name as a former/current employer.

Are or were you the applicant's immediate supervisor? ☒ YES ☐ NO

In what capacity was the applicant employed? Teaching Assistant / Instructor

For what period of time? From 8/29/2016 To 11/02/2017 Hours per week 25

USE ADDITIONAL SHEETS IF NECESSARY

2. What were the basic job duties? (Consider knowledge, skills, and abilities necessary for current vacancy; were they applicable to previous employment?)

She would teach one class per semester in the Geography department and in return FSU would pay her a stipend and cover her tuition

3. How would you evaluate the applicant's performance of these duties?

I can tell you categorically that Ms. Jones is an excellent instructor—very detailed oriented, caring, intelligent, and resourceful. All of her evaluations have been excellent. She is also an excellent user of GIS, and applies her self most loyally to GIS projects and tasks. Her class on Map Analysis is excellently designed and executed.

4. Would you rehire? ☒ YES ☐ NO

5. Was the applicant dismissed? ☒ YES ☐ NO

If YES, was the dismissal

a.) during the probationary period? ☐ YES ☒ NO

b.) for cause? ☐ YES ☒ NO

If YES, provide date and explain:

She is currently taking a break from her studies so was removed from teaching in Spring 2018.
She will continue her studies in the fall of this year (2018), but whether she is hired as a
teaching assistant this fall remains to be determined.

6. Did the applicant receive any disciplinary actions or documented counselings during his/her employment?

☐ YES

☒ NO

If YES, provide date and explain:

7. Did the applicant resign while under investigation?

☐ YES

☒ NO

If YES, provide date and explain:

8. Did the applicant resign pursuant to a settlement agreement? ? ☐ YES ☒ NO

If YES, provide date and explain:

9. Did the applicant resign in lieu of dismissal? ☐ YES

☒ NO

If YES, provide date and explain:

Reference completed by: Victor Mesev

Date:

7/10/2018

Ticket # 11053

HEALTH

FINGERPRINT REQUEST FORM

ORIGINATING OFFICE INFORMATION:

(Please provide name of contact person in office)

PURPOSE OF FINGERPRINTING: ☐ PRE-EMPLOMENT ☐ AHCA ☐ P-CARD

DATE: _____ OFFICE CONTACT: _____
OFFICE ACRONYM: _____ TELEPHONE NUMBER: _____

EMPLOYEE INFORMATION:

NAME: Rebekah Jones
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
CURRENT ADDRESS: _____
CITY, STATE, & ZIP CODE: _____
PLACE OF BIRTH: Windsor, PA, USA
U.S. CITIZEN: ☒ YES ☐ NO IF NO, WHAT COUNTRY: _____
SEX: F RACE: W
EYE COLOR: Blue HAIR COLOR: Blonde HEIGHT: 5'5 WEIGHT: 160
DATE EMPLOYEE FINGERPRINTED: _____

POSITION INFORMATION:

(This information is needed to charge the office the required fee)

POSITION TITLE: _____ POSITION NUMBER: _____
LOCATION: _____
ELIGIBLE FOR P-CARD AND/OR
FLAIR ACCESS: ☐ YES ☐ NO CONTACT WITH VULNERABLE PERSONS:
☐ YES ☐ NO
FLAIR ORG CODE: _____ EO: _____ PAYING WITH P-CARD: ☐ YES ☐ NO

Please send this form to your servicing HR office as soon as possible:

Department of Health
Central Office - Bureau of Human Resource Management
4052 Bald Cypress Way, Bin # B-03



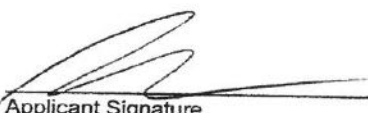
**BACKGROUND SCREENING
CONSENT AND STATEMENT
FORM**

I hereby authorize The Florida Department of Health to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I understand that my position has been designated as "sensitive" due to the trust and responsibility required, and that background screening is a condition of employment. This consent applies to any future screenings and/or rescreening conducted by the Department.

I understand that an arrest or conviction for a disqualifying criminal offense described in Section 435.04, F.S., may lead to a disqualification of employment, unless an exemption is granted by the Department. Additionally, I understand that if I am arrested or convicted of any criminal offense while employed with the Department (including, but not limited to, those described in Section 435.04, F.S.), I will notify my supervisor within two (2) business days.


Applicant Signature
Rebekah Jones
Printed Name

8/14/18
Date Signed

cc: Personnel File

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 29, 2018

Rebekah Jones
[Redacted]

Dear Ms. Jones:

This is to confirm my verbal offer of employment to you as an Other Personal Services (OPS) Systems Program Consultant in the Bureau Of Epidemiology. OPS employees do not fill established positions and their employment is temporary. OPS employment is governed by Section 110.131, Florida Statutes, and Rule 60L-33.005, Florida Administrative Code.

As agreed, your hourly salary will be \$20.00. You will begin employment on September 28, 2018 at 8:30am and you will report to William Hinson:

Department of Health
4025 Esplanade Way, Office 125X
Tallahassee, FL 32399

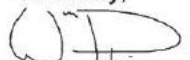
Participation in the Direct Deposit Program is now a condition of employment for all persons appointed to a position in state government. If you are not already participating in the Direct Deposit Program, you will be expected to enroll within 31 days of employment. In addition, this position requires background screening and fingerprinting and as indicated in the advertisement; continued employment will be contingent upon the results of that process.

If you will be receiving dual compensation from another state agency or compensation from a job outside of state government, including the state university system, you will be required to complete a "Dual Employment" form or an "Outside Employment Request" form and approval must be granted prior to your start date.

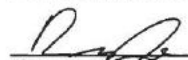
In the event of an emergency, this office is required to perform emergency operations functions. You may be required to work before, during, and/or beyond your normal work hours or days in the event of an emergency. Required emergency duty includes working in a special needs or Red Cross shelter, or performing other emergency duties including, but not limited to, responses to or threats involving any disaster, man-made or natural. Emergency duties may also include in-state and/or out-of-state deployment.

I am pleased to offer you this position and am looking forward to working with you. If you have any questions, please call me at 941-861-2988.

Sincerely,


William Hinson,
GIS Manager

I accept the above offer of employment


Rebekah Jones

8/30/2018
Date

Florida Department of Health
Division of Disease Control and Health Protection
4052 Bald Cypress Way, Bin A-09 • Tallahassee, FL 32399
PHONE: 850/245-4300 • FAX: 850/245-4297
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

PERSONNEL ACTION REQUEST FORM

Completed

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

TYPE OF ACTION

Separations	Reason	Last Day Employed	PAR Number
Voluntary Separation	Move Within St of Florida Gov	11/22/2019	000003646570

NAME

Appointment ID	First Name	Middle Name	Last Name
01374243	REBEKAH		JONES

FROM POSITION

Position Title:	OPS SYSTEMS PROGRAMMING CONSULTANT
Position Number:	64801268
Pay Band / Grade:	009
Org Code:	640366000000000000000000 - DIVISION OF DISEASE
FLAIR Org Code:	64611500000
Salary Range:	33,377 - 108,474
Broadband / Class Code:	15-1131-04
Broadband / Class Title:	COMPUTER PROGRAMMERS
Included / Excluded:	Included OPS
Pay Plan / OPS Type:	Temp
Position FTE:	1.00
Appointment FTE:	1.00
Agency:	Department of Health
Facility Number:	F11319
411 Phone:	850-245-4444
City:	TALLAHASSEE
Work County:	037 - Leon
Position Overlap:	

SALARY

CURRENT

NEW

Period:	Hourly	
Base Salary:	20.00	0.00
Total Period Salary:	20.00	0.00

APPROVAL

Appt ID	Name	Status	Approved	Date/Time Stamp
00707531	JOANNA WALKER	Submitted		12/10/2019 12:12:45
00188993	JACQUELYN H GASTON	Approved	00707531 - JOANNA WALKER	12/10/2019 12:13:14
00707531	JOANNA WALKER	Acted upon	00707531 - JOANNA WALKER	12/10/2019 12:16:54

NOTES / COMMENTS

Ticket # 11053

HEALTH

FINGERPRINT REQUEST FORM

ORIGINATING OFFICE INFORMATION:

(Please provide name of contact person in office)

PURPOSE OF FINGERPRINTING: ☐ PRE-EMPLOMENT ☐ AHCA ☐ P-CARD

DATE: _____ OFFICE CONTACT: _____
OFFICE ACRONYM: _____ TELEPHONE NUMBER: _____

EMPLOYEE INFORMATION:

NAME: Rebekah Jones
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
CURRENT ADDRESS: _____
CITY, STATE, & ZIP CODE: _____
PLACE OF BIRTH: Windsor, PA, USA
U.S. CITIZEN: ☒ YES ☐ NO IF NO, WHAT COUNTRY: _____
SEX: F RACE: W
EYE COLOR: Blue HAIR COLOR: Blonde HEIGHT: 5'5 WEIGHT: 160
DATE EMPLOYEE FINGERPRINTED: _____

POSITION INFORMATION:

(This information is needed to charge the office the required fee)

POSITION TITLE: OPS Sys Prog. Consultant POSITION NUMBER: 04801208
LOCATION: _____
ELIGIBLE FOR P-CARD AND/OR
FLAIR ACCESS: ☐ YES ☐ NO CONTACT WITH VULNERABLE PERSONS:
☐ YES ☐ NO
FLAIR ORG CODE: _____ EO: _____ PAYING WITH P-CARD: ☐ YES ☐ NO

Please send this form to your servicing HR office as soon as possible:

Department of Health
Central Office - Bureau of Human Resource Management
4052 Bald Cypress Way, Bin # B-03

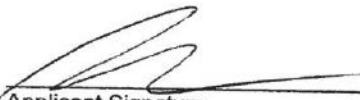
**BACKGROUND SCREENING
CONSENT AND STATEMENT
FORM**

I hereby authorize The Florida Department of Health to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I understand that my position has been designated as "sensitive" due to the trust and responsibility required, and that background screening is a condition of employment. This consent applies to any future screenings and/or rescreening conducted by the Department.

I understand that an arrest or conviction for a disqualifying criminal offense described in Section 435.04, F.S., may lead to a disqualification of employment, unless an exemption is granted by the Department. Additionally, I understand that if I am arrested or convicted of any criminal offense while employed with the Department (including, but not limited to, those described in Section 435.04, F.S.), I will notify my supervisor within two (2) business days.


Applicant Signature
Rebekah Jones
Printed Name

8/14/18
Date Signed

cc: Personnel File

PERSONNEL ACTION REQUEST FORM

Completed

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

TYPE OF ACTION

Appointments	Reason	Effective Date	PAR Number
OPS Appointment NEW P		09/28/2018	000003181995

NAME

Appointment ID	First Name	Middle Name	Last Name
01374243	REBEKAH		JONES

TO POSITION

Position Title:	OPS SYSTEMS PROGRAMMING CONSULTANT
Position Number:	64801268
Pay Band / Grade:	009
Org Code:	64036600000000000000000000000000 - DIVISION OF DISEASE
FLAIR Org Code:	64611500000
Salary Range:	33,377 - 108,474
Broadband / Class Code:	15-1131-04
Broadband / Class Title:	COMPUTER PROGRAMMERS
Included / Excluded:	Included OPS
Pay Plan / OPS Type:	Temp
Position FTE:	1.00
Appointment FTE:	1.00
Agency:	Department of Health
Facility Number:	F11319
411 Phone:	850-245-4444
City:	TALLAHASSEE
Work County:	037 - Leon
Position Overlap:	

SALARY

CURRENT

NEW

Period:		Hourly
Base Salary:	0.00	20.00
Total Period Salary:	0.00	20.00

APPROVAL

Appt ID	Name	Status	Approved	Date/Time Stamp
Manager 00707531	JOANNA WALKER	Submitted		08/31/2018 11:53:07
Liaison 00707531	JOANNA WALKER	Approved	00707531 - JOANNA WALKER	08/31/2018 11:53:42
Act Upon 00707531	JOANNA WALKER	Acted upon	00707531 - JOANNA WALKER	08/31/2018 11:55:01

NOTES / COMMENTS

JOANNA WALKER ticket #11053	08/31/2018 11:53:07
--------------------------------	---------------------

Florida Retirement System (FRS) - Certification Form

This form is **not** an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name Rebekah Jones SSN [REDACTED]

Agency Name Florida Department of Health

Previous or Current FRS Employer Florida State University

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE _____

DATE _____

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College Optional Retirement Program (SCCORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☒ Other State of Florida Deferred Compensation

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE _____

DATE _____

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE Rebekah Jones

July 25, 2018

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹ If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

² Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³ Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴ There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.



FLORIDA DEPARTMENT OF HEALTH CANDIDATE CHECKLIST

This checklist describes items that should be discussed by the interviewing/hiring manager during each candidate's interview. Some items are required of all candidates; however, not all topics are applicable to all employees. Both the candidate and the interviewing/hiring manager must sign this form indicating that applicable items have been discussed with the candidate. For non-applicable items, indicate N/A.

CANDIDATE NAME Rebekah Jones

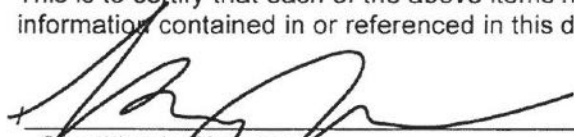
CLASS TITLE OPS Systems Programming Consultant (GIS Analyst) POSITION # 64801268

INTERVIEWING SUPERVISOR/HIRING MANAGER Parker Hinson (william.hinson@flhealth.gov)

- ☒ **Reference Check(s)** (for all candidates appointed to any position, including OPS): I understand that if I am one of the top candidates for this position, reference checks may be conducted by contacting my present and past employers.
- ☒ **Disclosure of Social Security Number** (for all external candidates appointed to any position, including OPS): I understand that if I am selected for this position, in order to complete the employment process, I will be required to provide a copy of a valid driver's license or other government-issued picture ID and a copy of my Social Security card.
- ☒ **Florida Retirement System (FRS) Certification Form** (for all external candidates appointed to any position, including OPS): I understand that if I am one of the top candidates for this position, I must complete this form to certify whether I am an FRS retiree. I understand that there are restrictions on reemployment in the first 12 calendar months after retirement from the FRS and that prior to an offer of employment; this completed form will be reviewed to determine if my employment in this position would violate the reemployment restrictions of the FRS.
- ☒ **Dual or Outside Employment** (for all candidates): If I am or will be receiving dual compensation from another state agency or compensation from a job outside of state government, including the state university system, I will be required to complete a "Dual Employment" form or an "Outside Employment Request" form and approval must be granted before I start employment. I also understand that these forms must be submitted and approved annually thereafter.
- ☒ **Form I-9 (Employment Eligibility Verification)** (for all external candidates appointed to a state position, including OPS): I understand that if I am selected for this position, I will be required to complete the Form I-9 to document that I am authorized to work in the United States.
- ☒ **E-Verify** (for all external candidates appointed to a state position, including OPS): I understand that if I am selected for this position, the U.S. Department of Homeland Security's E-Verify System will be used within three days of my start date to verify my employment eligibility.

- ☒ **Selective Service Registration** (for all male candidates appointed or promoted to a Career Service, Selected Exempt Service, or Senior Management Service position): I understand that if I am a male born on or after October 1, 1962, and I am selected for this position, the department must verify that I have registered with the Selective Service System prior to being placed on the payroll. If I am a current employee, I understand that I must show proof of registration prior to being promoted.
- ☒ **Background Screening** (for all external candidates appointed to a sensitive position): I understand that background screening (fingerprinting) is required as a condition of employment if my position is designated as "sensitive" due to the trust and responsibility required. If I am selected for this position, I understand that I will be fingerprinted and my prints will be submitted to the Florida Department of Law Enforcement (FDLE) and the FBI, and my employment or continued employment is contingent on the results of that screening.
- ☒ **Drug Screening** (for all external candidates and certain internal candidates who are being offered a safety sensitive position): If my position is designated as "safety sensitive", I understand that the successful completion of a drug screen is a condition of employment.
- ☒ I understand that Section 110.113, Florida Statutes, requires the use of direct deposit (EFT) as a condition of employment for persons employed in state government.
- ☒ I understand that if I am one of the top candidates for a position that requires a specific degree, verification of education will be completed prior to the position being offered to me.
- ☒ I understand that if I am one of the top candidates for a position that requires a license, certification, or registration, verification will be completed prior to the position being offered to me. For positions requiring a motor vehicle license, verification of my driving record may also be required.
- ☒ I understand that this position may have special requirements (e.g., shift work, on-call duties, rotating work schedule, accessibility of automobile, etc.), which have been discussed with me. Those requirements are: Emergency activation/deployment for the State
-
- ☒ If my position is subject to mandatory emergency duty, I understand that I may be required to work before, during, and/or beyond normal work hours or days in the event of an emergency. Emergency operation functions required may include, but are not limited to, special needs shelters, Red Cross Shelters, Emergency Operations Command Centers (EOCCs), or other emergency functions, including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.
- ☒ The official position description for this position was discussed during the interview or provided to me (optional).
- ☒ I understand that I can access the State of Florida MyBenefits website at www.MyFlorida.com/MyBenefits to review information regarding pay, insurance, retirement, paid leave/holidays and other benefit programs offered to State of Florida employees. If I am the selected candidate, I will be provided additional information and timeframes to enroll in desired benefits.

This is to certify that each of the above items has been discussed with me and that I understand the information contained in or referenced in this document



Candidate's Signature

07/04/2018

Date



Interviewing Supervisor/Hiring Manager Signature

7/5/2018

Date

NOTE: The interviewing supervisor/hiring manager should provide a copy of this signed form to the candidate. The original should be maintained in the selection package for applicants who are not selected for the position. The original form for the selected candidate should be sent to the servicing human resource office for inclusion in the official personnel file.



Emergency Duty Notice

Ticket Details

<u>HR Ticket ID</u>	<u>Status</u>	<u>Outcome</u>	<u>Org Name</u>	<u>Requestor Name</u>
115314	Closed	Complete	DIVISION OF DISEASE CONT & HLTH PROT	Jones, Rebekah D

Form Details

Number of HR Forms: 1
Employee Name: JONES, REBEKAH
Employee Email: Rebekah.Jones@flhealth.gov
Employee Title: ENVIRONMENTAL HLTH PRGRAM CONSULTANT-SES
Employee ID: 1474744
User ID: 1211684
Org Name: DIVISION OF DISEASE CONT & HLTH PROT
Supervisor Name: CURRY, CRAIG
Supervisor Email: Craig.Curry@flhealth.gov
Emergency Duty Group: Emergency Duty Group 1
Supervisor Signed: 12/6/2019 1:00 PM
Employee Signed: 12/18/2019 2:35 PM

Tasks

<u>Task ID</u>	<u>Status</u>	<u>Title</u>	<u>Closed By</u>	<u>Created Date</u>	<u>Closed Date</u>
255949	Closed	Update Personnel File	Green, Tamera D	12/18/2019 2:35:25 PM	12/26/2019 10:25:09 AM

Approvals

<u>Approval ID</u>	<u>Approver Name</u>	<u>Approver Email</u>	<u>Status</u>	<u>Approver Comments</u>	<u>Workflow Phase</u>
--------------------	----------------------	-----------------------	---------------	--------------------------	-----------------------

Mail History

<u>Mail Direction</u>	<u>Created By</u>	<u>Created Date</u>	<u>Email Details</u>
Outgoing	Cherwell System Account	11/29/2019 6:00:31 PM	Subject: FLHealthDesk HR Ticket 115314 - SubmittedFrom: FLHealthDesk.HR@flhealth.govTo: Rebekah.Jones@flhealth.govCC: Craig.Curry@flhealth.gov; Michelle2.Dawson@flhealth.gov; Janet.Collins@flhealth.gov; Dana.Smelt@flhealth.govDate: 11/29/2019 6:00:31 PMFLHealthDesk HR Ticket - SubmittedYour ticket has been submitted in the FLHealthDesk HR portal with the following details:Ticket Number:115314Ticket Status:SupervisorTicket Type:Emergency Duty NoticeEmployee:To view the current status of your ticket, please log in to the FLHealthDesk-HR Customer Portal: https://itportal.flhealth.gov/CherwellPortal/FLHealthDeskHR/winlogon {CMI: MCID4217981}
Outgoing	Jones, Rebekah D	12/6/2019 1:01:06 PM	Subject: FLHealthDesk HR Ticket 115314 - Assigned to EmployeeFrom: FLHealthDesk.HR@flhealth.govTo: Rebekah.Jones@flhealth.govDate: 12/6/2019 1:01:06 PMFLHealthDesk HR Ticket - AssignedA ticket has been assigned to you in the FLHealthDesk HR portal with the following details:Ticket Number:115314Ticket Status:SupervisorTicket Type:Emergency Duty

NoticeEmployee:JONES, REBEKAHInstructions:Supervisor reviews the notice and acknowledges receipt. If Employee Emergency Duty Group is not filled, select the correct group in Part 2 before acknowledging.To begin work on your ticket, please log in to the FLHealthDesk-HR Customer Portal:
https://itportal.flhealth.gov/CherwellPortal/FLHealthDeskHR/winlogin.{CMI: MCID4290302}

<u>Mail Direction</u>	<u>Created By</u>	<u>Created Date</u>	<u>Email Details</u>
Outgoing	Cherwell System Account	12/26/2019 10:25:37 AM	Subject: FLHealthDesk HR Ticket 115314 - Closed - CompleteFrom: FLHealthDesk.HR@flhealth.govTo: Rebekah.Jones@flhealth.govDate: 12/26/2019 10:25:37 AMFLHealthDesk HR Ticket - ClosedYour HR Ticket has been Closed with the following details:Ticket Number:115314Ticket Status:ClosedTicket Type:Emergency Duty NoticeEmployee:JONES, REBEKAHOutcome:Complete Please log in to the FLHealthDesk-HR Customer Portal: https://itportal.flhealth.gov/CherwellPortal/FLHealthDeskHR/winlogin and complete the survey linked to your ticket:{CMI: MCID4501977}

<u>Mail Direction</u>	<u>Created By</u>	<u>Created Date</u>	<u>Email Details</u>
Outgoing	Cherwell System Account	12/26/2019 10:25:38 AM	Subject: FLHealthDesk HR Ticket 115314 - ClosedFrom: FLHealthDesk.HR@flhealth.govTo: Craig.Curry@flhealth.gov; Dana.Smelt@flhealth.gov; Janet.Collins@flhealth.gov; Theresa.Taylor@flhealth.gov; Johana.Ruiz@flhealth.govDate: 12/26/2019 10:25:38 AMFLHealthDesk HR Ticket - ClosedYour HR Ticket has been Closed with the following details:Ticket Number:115314Ticket Status:ClosedTicket Type:Emergency Duty NoticeEmployee:JONES, REBEKAHOutcome:Complete To view the details of your ticket, please log in to the FLHealthDesk-HR Customer Portal: https://itportal.flhealth.gov/CherwellPortal/FLHealthDeskHR/winlogin{CMI: MCID4501978}

Action History

<u>Created By</u>	<u>Created Date</u>	<u>Details</u>
Jones, Rebekah D	12/6/2019 1:00:40 PM	Workflow Phase 2 Action "Supervisor Step Complete" was executed on 12/6/2019 1:00 PM by Jones, Rebekah D
Jones, Rebekah D	12/6/2019 1:01:14 PM	Workflow Phase 3 started on 2019-12-06T13:01:14 by Jones, Rebekah D
Jones, Rebekah D	12/18/2019 2:35:15 PM	Workflow Phase 3 Action "Acknowledge" was executed on 12/18/2019 2:35 PM by Jones, Rebekah D
Jones, Rebekah D	12/18/2019 2:35:22 PM	Workflow Phase 4 started on 2019-12-18T14:35:22 by Jones, Rebekah D
Green, Tamera D	12/26/2019 10:25:14 AM	Workflow Phase 4 Action "Personnel File Updated" was executed on 12/26/2019 10:25 AM by Green, Tamera D
Green, Tamera D	12/26/2019 10:25:17 AM	Workflow Phase 5 started on 2019-12-26T10:25:17 by Green, Tamera D

Journal Notes

<u>Created By</u>	<u>Created Date</u>	<u>Details</u>
-------------------	---------------------	----------------

Rebekah Jones
Address - Phone - Web

4 September 2019

Florida Department of Health
4025 Esplanade Way
Tallahassee, Florida 32311

Dear hiring manager,

As you're perusing resumes submitted to fill this position, I'd like to save you time and be brief: I make maps. I'm pretty good at making maps, and I've been doing it for more than 10 years. I work hard, I'm passionate, and I hold a GISP certification. Despite the rigorous upkeep required in this field, I have never lost that "spark" that so many bachelor's, master's and even Ph.D. professors assured me would be stomped out by 30. My educational background is extremely well-rounded, and I hold advanced degrees with specializations in geospatial science, environmental hazards, and climatology.

I've taught geography and physical science at Florida State University, and I've presented and published at some of my field's staple events and journals. I've won awards for my work, both research and mapping, and have a portfolio you can review on my website.

I like to approach projects creatively and with an open mind, and I utilize my multiple degrees and professional years in journalism and communication to produce unique and interesting visual tools for the complex and nuanced data I capture and analyze. I never shy away from a challenge, and I believe no project worth doing should get less than 100% effort. I've managed staff in a newsroom, and more than 60 students at a time in a classroom. I thrive when working collaboratively, but am a true self-starter and project organizer at heart.

I have all of the technical skills you are looking for, and then a plethora of skills and experience that most others applying for this position won't have. As you finish reading resumes, looking for someone who stands out, keep my application in your mind. I've worked very hard for a long time to stand out, and I would be thrilled to hear about the opportunities you have available.

I look forward to hearing from you and your hiring team,

Rebekah Jones

EDUCATION:

- Ph.D.** Florida State University; Tallahassee, Fla. Ph.D. Geography. 2016– present. *Dissertation working title: Using Native American Sitescapes to Extend the North American Paleotempestological Record.*
- M.S.** Louisiana State University; Baton Rouge, La. M.S. Geography, Mass Communication. May 2014. *Thesis title: Quantifying the Impact of Hurricanes, Mid-Latitude Cyclones and Other Weather and Climate Extreme Events on the Mississippi-Alabama Barrier Islands Using Remotely Sensed Data*
- B.A.** Syracuse University; Syracuse, New York. B.A. Geography, Newspaper and Online Journalism. *Cum Laude.* August 2012. *Focus points: Environmental and Political Journalism, Remote Sensing, and Natural Hazards.*

EXPERIENCE:

- 2018— **GIS Analyst**, Florida Department of Health, Bureau of Environmental Health, Office of Disease Control and Prevention, Office of Emergency Preparedness, Tallahassee, Fla.
- Database management
 - Geospatial application design and management
 - Surveying (design, analysis and implementation)
 - Management of State of Florida geospatial planning and operations during emergency/disaster events for the Florida Department of Health.
 - Epidemiological research and analysis, specifically disease migration, control and outbreak mitigation and analysis
- 2016–2017 **Instructor**, Florida State University, Department of Geography, Tallahassee, Fla.
- GEO 2200; Physical Geography (Fall 2016 – Teaching Assistant)
 - GIS 3015; Map Analysis (Spring 2017 – Instructor)
 - GEO 2200; Physical Geography (Summer 2017 – Instructor)
 - GIS 3015; Map Analysis (Fall 2017 – Instructor)
 - GEO 4251: Climate Change and Storms (Instructor)
- 2015–2016: **Geospatial Specialist**, Louisiana Sea Grant; Baton Rouge, La..
- Traditional Ecological Knowledge (TEK) project with coastal indigenous communities for the purposes of community planning for future scenarios in a warmed world. Project included:
 - Regular field work for GPS-data collection
 - Outreach with tribal community
 - Collection and digitization of TEK
 - Assemblage and analysis of traditional geospatial data in consortium with tribal TEK
 - Mapping key concerns and perceived vulnerability, sustainability and adaptability features
 - Analysis of sea level rise and hurricane storm surge impacts
 - Dissemination of resulting analysis and information via traditional posters and maps, an inter- active and integrated set of online mapping applications, including story maps, crowd-sourced media guides, and scenario viewers.
 - Development of a hurricane surge and inundation model using historical hurricane and meteorological data, and local narratives providing relative estimates of inundation (TEK), presenting the findings to community members and incorporating their qualitative data into the surge/inundation model by adjusting spatial weights of base layers.
 - Identification of American Indian burial and ceremonial sites using Lidar-derived DEMs,

coupled with other surface-level indicators, to assist with the tribe's application for federal recognition and expansion of their documented cultural history, as well as for designation as historical places and subsequent protections from potentially destructive development.

- Analysis and mapping of coastal oil, gas, and sulfur canals and networks, coupled with land loss data, to determine areas where land loss could be attributed to canal construction, and how those areas may respond to sea level rise in the future. General geoscience research, mapping and app development relating to land use/land cover change, land loss, hurricanes, flooding, habitat suitability, climate change, water issues, and other miscellaneous geospatial tasks upon request.

2014-2015: **Coastal Resources Scientist**, *Louisiana Coastal Protection and Restoration Authority, State of Louisiana*; Baton Rouge, La.

- Developed the physical exposure model as part of a coast-wide storm surge vulnerability index using historical surge observation and interpolated rasters, used as part of a larger social vulnerability analysis conducted by LSU in partnership with CPRA.
- Researched and tested the sensitivity of geospatial models for various climate change scenario impacts, including tropical cyclone intensity and frequency, sea level rise, and precipitation frequency and intensity.
- Modeled multiple sea level rise scenarios for strategic planning and feasibility studies, including shoreline change and marsh-edge erosion with proposed project assessments.
- Authored appendices for the 2017 Coastal Master plan, including tropical cyclones, climate change, and future environmental scenarios.

2012-2014: **Graduate Assistant**, *Louisiana State University, Southern Climate Impacts Planning Program, Southern Regional Climate Center*; Baton Rouge, La.

- Reviewed and edited four chapters of the National Climate Assessment under the supervision of convening lead author Lynne Carter.
- Conducted shoreline change analysis for the Mississippi coast from 1972-2014, including hurricane impacts assessment, and storm parameters analysis.
- Completed regional climatological analysis prepared for the Louisiana Hazards Mitigation Plan, including trends and projections for future environmental conditions.
- Wrote, designed and edited publications relating to climate change and adaptation for a variety of audiences and stakeholders, ranging from government officials to non-English speaking public.

2012-2013: **Remote Sensing Analyst**, *ImageCat, Inc.* Long Beach, Ca.

- Assessed wind damage, inundation, and storm surge caused by Hurricane Sandy across the mid-Atlantic and northeast coasts using remotely sensed data. Assignments included marking buildings, determining flood height, and verification of grids.
- Trained graduate students on using the web interface and protocol for determining surge/flood heights.
- Repeated similar analysis of damaged/destroyed buildings in and around Moore, Oklahoma as a result of tornado damages in April 2013.

2011: **Communications and Special Projects Intern, Syracuse Center of Excellence in Energy and Environmental Systems; Syracuse University, Syracuse, New York.**

- Analysis using ArcGIS for profiling the distribution of sustainable initiatives and developing an action plan to evenly allocate resources within the city.
- Wrote, edited and designed publications for the EPA, USDA, City of Syracuse, Onondaga County, US Department of Energy, NY Department of Environmental Conservation, and other local non-profit organizations.
- Edited letters from our organization to Governor John de Jongh (U.S. Virgin Islands), facilitated workshops on health issues relating to hydrofracking, and spent a week collecting data and personal stories from those affected by natural gas drilling.
- Directed, edited and produced videos with the Onondaga Earth Corps, an inner-city youth program focused on environmental issues.
- Assisted with public outreach and education as part of Onondaga County's "Save the Rain" program, which included website development, designing/editing informational publications and attending rain-barrel installation workshops.
- Videos: <http://www.youtube.com/watch?v=N0HaPlwqbNc&noindex=1>
<http://www.youtube.com/watch?v=b5AvhIf3vEQ>

PRODUCTS

Jones, R. and Hinson, W.P. 2019 Florida Department of Health's Hurricane Michael GIS Response. San Diego, California: ESRI User Conference 2019.

Jones, R. 2014. 2017 Coastal Master Plan: Model Improvement Plan, (Subtask 4.7) Future Scenarios Appendix 7: Tropical Cyclone Intensity and Frequency. Version I. (pp. xx-xx or p. x). Baton Rouge, Louisiana: Coastal Protection and Restoration Authority. *Final version to be published in 2017.*

Jones, R. 2014. "Quantifying extreme weather event impacts on the northern Gulf Coast using Landsat Imagery." *Journal of Coastal Research*. July 2014. DOI: <http://dx.doi.org/10.2112/JCOASTRES-D1400065.1>

Jones, R. 2014. "Quantifying the impact of hurricanes, thunderstorms and mid-latitude cyclones on the Mississippi-Alabama barrier islands using remotely sensed data." MS thesis Louisiana State University. Web. April 17, 2014.

Friedland, C., Joyner, T., Mecholsky, K., Rohli, R., Gilliland, J., Madani, S., Ogea, S., Carter, M., and Jones, R. 2014. "Louisiana State Hazard Mitigation Plan (SHMP)." Governor's Office, Homeland Security and Emergency Preparedness. Baton Rouge, LA.

Jones, R. 2013. "Crisis communication plan for the Southern Climate Impacts Planning Program and Southern Regional Climate Center" Internal Document. Web. December 2013.

Jones, R. 2013. "Louisiana Climate Change," "Mississippi Climate Change," "Oklahoma Climate Change," "Arkansas Climate Change," "Tennessee Climate Change," and "Texas Climate Change." Researcher, writer, and designer. Southern Climate Impacts Planning Program. SouthernClimate.Org. Web.

CERTIFICATIONS

- HAZUS: Using Geospatial Technologies to Describe and Measure Risks and Vulnerabilities from Florida Hurricanes, Florida Department of Emergency Management, Tallahassee, Fla. (April-May 2019)
- HAZUS: Moving Beyond Traditional Hazard Risk Analysis, Florida Department of Emergency Management, Tallahassee, Fla. (April 2019)

- HAZUS: Modeling Risk with Hazus-MH: Fundamentals and Beyond, Florida Department of Emergency Management, Tallahassee, Fla. (April 2019)
- American Meteorological Society Short Course on Storm Surge Modeling, New Orleans (Jan. 2016)
- **GIS Professional (GISP) Certification**, GIS Certification Institute, Certification #91113 (Aug. 2015)

FEMA Certificates:

- IS-100.C -IS-103 -IS 230.D -IS-321-IS-922

GRANTS, AWARDS AND HONORS

- 2016- Florida State University, Graduate Research Grant, Annual; \$1,000; 2016-2018
- 2016: The National Academies of Science, Engineering and Medicine: *"Multidisciplinary knowledge integration to support Louisiana coastal indigenous communities' response to natural and technological disasters and adaptation to climate change."* \$312,000
- 2015: West-Russell Field Research Grant: *"Catastrophism, Gradualism and the Mississippi Gulf Coast."* \$500
- 2015: Gilbert F. White Thesis/Dissertation Award from the Hazards, Risks and Disasters Specialty Group of the Association of American Geographers, Annual Conference; San Francisco, Ca.
- 2014: First place, Graduate Student Paper Presentation Contest, Paleo-environmental Change Specialty Group of the Association of American Geographers, Annual Conference; Tampa, Fl.
- 2014: Second Place, Audience Favorite, Three Minute Thesis Competition, Louisiana State University (University-wide)
- 2013: First Place, Graduate student poster competition, Southwestern Division of the Association of American Geographers 2013 Annual Conference; Nacogdoches, Texas
- 2013: Dean Appointment to the Louisiana State University Transition Advisory Committee, one of two graduate students representing the student body.
- 2007: Student-elected representative to the Syracuse University Newhouse School of Public Communication Council, 2007-2010
- 2006: Outstanding Delegate Award, Addressing the Specter of Global Warming, Gannon University, United Nations Conference.

Synergistic Activities and Research Partners

- 2016- U.S. Fish and Wildlife Service, St. Marks National Wildlife Refuge, St. Marks, Fla.
- 2016- Florida Master Site File Office, Tallahassee, Fla.
- 2015- Louisiana Department of Archaeology, Baton Rouge, La.
- 2015- Isle de Jean Charles Band of Biloxi-Chitimacha-Choctaw Indians, Terrebonne Parish, La.
- 2015- Pointe-au-Chien Indian Tribe, Terrebonne-Lafourche Parish, La.
- 2014- Live Oak Society, Baton Rouge, La.
- 2014- Monumental Trees Society, United States Chapter, Southeast
- 2014- Reviewer for the Journal of Coastal Research
- 2011- Member, Association of American Geographers (AAG)
- 2011- Member, American Geophysical Union (AGU)
- 2011- Member, American Meteorological Society (AMS)

LAGNIAPPE

"Talent is cheaper than table salt. What separates the talented individual from the successful one is a lot of hard work." –

Stephen King

PRE-PROFESSIONAL, VOLUNTEER WORK and ODD JOBS

- 2012 Communications assistant, Greater Baton Rouge Clean Cities Coalition, Baton Rouge, LA.
- 2012 Freelance writer, The Advocate, Baton Rouge, LA.
- 2008-2011 Feature Editor and Student Business Manager, The Daily Orange; Syracuse, NY.
- 2011 Desk Clerk, Holiday Inn; Syracuse, NY.
- 2011 Writer and Web Editor, DemocracyWise.Syr.Edu; Syracuse, NY
- 2011 Videographer, The Newhouse of Syracuse University; Syracuse, NY.
- 2010-2011 Writer and Web Editor, Democracy in Action; Syracuse, NY.
- 2010 Receptionist, Syracuse University LGBT Resource Center; Syracuse, NY.
- 2010 English teacher's assistant, The New School; New York, NY.
- 2009 Staff Writer and Photographer, The Stone County Enterprise; Wiggins, MS.
- 2008 River and canoe guide, Black Creek Canoe Rentals and Excursions, Brooklyn, Miss.
- 2006-2007 Desk Clerk, Best Western Woodstone; Wiggins, MS 2005-2006 Waitress, Pizza Inn; Wiggins, Miss.

ACTIVITIES

- 2018- Volunteer, Americorps, Hurricane Michael aid, Coastal Florida, USA
- 2016-2017 Volunteer tutor, Leon County Public Schools, Math, Science, English and Writing, Florida
- 2015- Volunteer GIS analyst, URISA-GIS Corps, Multiple Locations, USA and Canada
- 2015- Volunteer Designer and Writer, Non-profit Youth Action, Multiple Locations, USA
- 2015-2016 Baton Rouge Soccer Club Youth League Volunteer Coach
- 2012-2013 LSU Quidditch Team, Beater, Outreach Manager, Fundraising Manager
- 2010-2013 Volunteer book reader and science teacher (various schools, locations)
- 2009-2012 Syracuse University Quidditch, Beater, Team Captain, Fundraising Coordinator
- 2007-2009 Volunteer dog walker at local SPCA chapter
- FOREVER Fanatical FC Barcelona Fan
- FOREVER Devoted New Orleans Saints Fan
- FOREVER Occasional artist (painter, designer and writer of all things known and fiction)

EXTERNAL CANDIDATE

Jones, Rebekah

Application

Status:	Review
Country:	United States
Attachments to be included in all Job Submissions:	Submission Attachments 2 attached
Attachments Added After Submission	Submission Attachments 0 attached
Vacancy Source:	Co-Worker
Relatives: To your knowledge, do you have any relatives working in this agency?	No
Right To First Interview	Not Applicable If you responded yes to the above statement, attach a copy of your official layoff letter when applying for this vacancy.
Veteran Status	None of the Above
ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?	Yes
HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT WITHIN THE CAREER SERVICE, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE APPLYING?	No
People First Initial VP Review	No Selection
People First Eligible VP Category (if different)	No Selection
Agency Final VP Eligibility Review	No Selection
Agency Final VP Category Determination	No Selection

Background Information

A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position you are applying are considered. [see 112.011, F.S.].

Have you ever been convicted of a felony or a first degree misdemeanor ?

No

Offer Letter

There are no items in this section.

Application Status Audit Trail

09/04/2019 People First New

09/23/2019 CRAIG J CURRY Review

Tags

There are no items in this section.

More Information

Alternate Phone Number:

*Mailing Address :

*City

*State:

*ZIP Code:

*Country United States

*Exemption from public record: Are you a current or former law enforcement officer, other covered employee** or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d), Florida Statutes (F.S)?

Yes

*Citizenship: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. Are you a U.S. citizen or legally authorized to accept employment with the specific hiring authority to which you are applying?

Yes

*Selective Service: Section 110.1128, Florida Statutes, prohibits employment by

Not Applicable

If yes, what were the charges ?	
Where ? (City/State)	
Date	
Have you ever pled nolo contendere or guilty to a crime which is a felony or a first degree misdemeanor ?	No
If yes, what were the charges ?	
Where ? (City/State)	
Date	
Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor ?	No
If yes, what were the charges ?	
Where ? (City/State)	
Date	09/04/2019
Signature I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. The consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. If applicable, Complete Qualifying Questions prior to submitting your application.	
By checking this box, I certify that I have read and agree with these statements	Yes
Interview Result	
overdueInterviews	
Screening Details	
1. How many years of experience do you have with ArcGIS Enterprise	I have more nine years of experience with the entire ArcGIS suite of software, including four years of Enterprise,

the state (including re-hire after a break in service) of any male born on or after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the state, this law prohibits the promotion of such person. You may be required to provide documentation. If you are a male born on or after October 1, 1962, have you registered with the Selective Service or do you have proof of an exemption from this requirement?

backend administration, managing and support?	
2. What is the latest ArcGIS Enterprise version you have experience Administering?	I am current on all software, including ArcGIS Pro 2.4 and ArcGIS Desktop 10.6.1.
3. Do you have experience with federated ArcGIS Enterprise portals?	Yes
4. Have you managed AGO users in a portal/organizational environment?	Yes
5. Do you have experience with ArcGIS field data collection apps and methodologies (Survey123, Collector, and Workforce)?	Yes
6. Are you willing to work before, during, and/or beyond normal work hours or days in the event of an emergency? This may include working in a special needs or Red Cross shelter, or performing other emergency duties including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.	Yes

Periods of Employment

*Name of Employer	FL DOH
*Your Job Title	GIS Analyst
*Currently Employed	Yes
*Start Date	09/28/2018
*End Date	MM/DD/YYYY
*Hours Per Week	40
Employer's Address	4025 Esplanade Way
Supervisor's Name	William Parker Hinson
Supervisor's Phone Number	941-861-2988
*Duties and Responsibilities	Analysis, reports, presentations, disaster management
*Reason For Leaving	Looking for Career Services position more centered on disaster response
Your name, if different during employment	

*Name of Employer	Florida State Univeristy
*Your Job Title	Instructor
*Currently Employed	No
*Start Date	08/29/2016
*End Date	11/02/2017
*Hours Per Week	25
Employer's Address	113 Collegiate Loop, Tallahassee, FL 32306
Supervisor's Name	Victor Mesev
Supervisor's Phone Number	8506441706
*Duties and Responsibilities	Instructor for undergraduate geography and mapping courses
*Reason For Leaving	funding cut
Your name, if different during employment	

*Name of Employer	Louisiana Sea Grant
*Your Job Title	GIS Specialist
*Currently Employed	No
*Start Date	02/02/2015
*End Date	06/30/2016
*Hours Per Week	40
Employer's Address	Louisiana State University, Baton Rouge, LA 70808
Supervisor's Name	Matthew Bethel
Supervisor's Phone Number	
*Duties and Responsibilities	GIS modeling for sea level rise, hurricane storm surge, riverine flooding, population change, infrastructure, permitting, etc.
*Reason For Leaving	Started Ph.D. at FSU
Your name, if different during employment	

*Name of Employer	Imagecat, Inc.
*Your Job Title	Geospatial Analysis
*Currently Employed	No
*Start Date	10/29/2012
*End Date	04/30/2013
*Hours Per Week	35
Employer's Address	400 Oceangate # 1050, Long Beach, CA 90802
Supervisor's Name	Charles Huyck
Supervisor's Phone Number	5626281675
*Duties and Responsibilities	Emergency response GIS analysis - determining damage and flood depths using drone imagery
*Reason For Leaving	Contract job for Hurricane Sandy
Your name, if different during employment	

*Name of Employer	Southern Climate Impacts Planning Program (NOAA RISA)
*Your Job Title	Graduate Researcher
*Currently Employed	No
*Start Date	05/07/2012
*End Date	05/30/2014
*Hours Per Week	25
Employer's Address	Louisiana State University, Department of Geogrpahy, Baton Rouge, LA 70808
Supervisor's Name	Dr. Lynne Carter
Supervisor's Phone Number	N/A - currently heading a UN program in Kampala
*Duties and Responsibilities	Design, outreach about climate change impacts; Climate and GIS Analysis
*Reason For Leaving	Graduate assistantship held until graduation
Your name, if different during employment	

*Name of Employer	Syracuse Center of Excellence
*Your Job Title	Communication and Special Projects Intern
*Currently Employed	No
*Start Date	05/30/2011
*End Date	11/30/2018
*Hours Per Week	40
Employer's Address	727 E Washington St, Syracuse, NY 13244
Supervisor's Name	Carissa Ralbovsky
Supervisor's Phone Number	3154434445
*Duties and Responsibilities	Design outreach publications, including handouts, videos, maps, etc.
*Reason For Leaving	Internship while in college; graduated and moved for grad school
Your name, if different during employment	

Formal Education	
*Name of School	Florida State University
*Location	Tallahassee, FL
*Start Date	08/29/2016
End Date	MM/DD/YYYY
Course of Study	Geography
*Degree Earned (transcripts may be required)	Doctorate
Credit Hours – Quarter	In progress
Credit Hours – Semester	

***Name of School** Louisiana State University

***Location** Baton Rouge, LA

***Start Date** 05/21/2012

End Date 05/16/2014

Course of Study M.S. Geography, Mass Communication minor

***Degree Earned** Masters
(transcripts may be required)

Credit Hours – Quarter

Credit Hours – Semester

***Name of School** Syracuse University

***Location** Syracuse, NY

***Start Date** 08/27/2007

End Date 12/16/2011

Course of Study Geography, Journalism

***Degree Earned** Bachelors
(transcripts may be required)

Credit Hours – Quarter

Credit Hours – Semester

Language Skills

There are no items in this section.

License, Registration or Certification

***License, Registration or Certification** GIS Professional (GISP)

Number 91113

State Licensing Agency GIS Certification Institute

Received 08/01/2015

Expires 08/31/2018

Job-Related Training or Course Work

There are no items in this section.

Knowledge, Skills and Abilities

There are no items in this section.

Rebekah D. Jones

Academic Background

Ph.D. Geography, Florida State University, Tallahassee, Fla., 2016 - *Present*

GISP Certified GIS Professional, GIS Certification Institute (GISCI), Des Plaines, IL, 2015

M.S. Geography, Mass Communication minor, Louisiana State University, Baton Rouge, La, 2014 B.A.

B.A. Geography, Journalism, Syracuse University, Syracuse, NY, 2012

Appointments

2016 – 2017: Instructor, Florida State University, Tallahassee, Fla.

2015—2016: GIS Specialist, Louisiana Sea Grant; Baton Rouge, La.

2014—2015: Coastal Resources Scientist, Louisiana Coastal Protection and Restoration Authority; Baton Rouge, La.

2012—2014: Graduate Research Assistant, Louisiana State University, Southern Climate Impacts Planning Program; Southern Regional Climate Center; Baton Rouge, La.

2012—2013: Remote Sensing Analyst, ImageCat, Inc. Long Beach, Ca..

2011: Communications and Special Projects Intern, Syracuse Center of Excellence in Energy and Environmental Systems; Syracuse University, New York

Products

Jones, R. 2014. 2017 Coastal Master Plan: Model Improvement Plan, (Subtask 4.7) Future Scenarios Appendix 7: Tropical Cyclone Intensity and Frequency. Version I. (pp. xx-xx or p. x). Baton Rouge, Louisiana: Coastal Protection and Restoration Authority. *Final version to be published in 2017.*

Jones, R. 2014. "Quantifying extreme weather event impacts on the northern Gulf Coast using Landsat Imagery." *Journal of Coastal Research*. July 2014. DOI: <http://dx.doi.org/10.2112/JCOASTRES-D1400065.1>

Jones, R. 2014. "Quantifying the impact of hurricanes, thunderstorms and mid-latitude cyclones on the Mississippi-Alabama barrier islands using remotely sensed data." MS thesis Louisiana State University. Web. April 17, 2014.

Friedland, C., Joyner, T., Mecholsky, K., Rohli, R., Gilliland, J., Madani, S., Ogea, S., Carter, M., and Jones, R. 2014. "Louisiana State Hazard Mitigation Plan (SHMP)." Governor's Office, Homeland Security and Emergency Preparedness. Baton Rouge, LA.

Jones, R. 2013. "Crisis communication plan for the Southern Climate Impacts Planning Program and Southern Regional Climate Center" Internal Document. Web. December 2013.

Jones, R. 2013. "Louisiana Climate Change," "Mississippi Climate Change," "Oklahoma Climate Change," "Arkansas Climate Change," "Tennessee Climate Change," and "Texas Climate Change." Researcher, writer, and designer. Southern Climate Impacts Planning Program. SouthernClimate.Org. Web.

Workshops, Training and Certifications

American Meteorological Society Short Course on Storm Surge Modeling, New Orleans (Jan. 2016) GIS Professional (GISP) Certification, GIS Certification Institute, Certification #91113 (Aug. 2015)

Courses Taught

Florida State University: GEO 2200: Physical Geography (Fall 2016 – Teaching Assistant)
 GIS 3015: Map Analysis (Spring 2017 – Instructor)
 GEO 2200: Physical Geography (Summer 2017 – Instructor)
 GIS 3015: Map Analysis (Fall 2017 – Instructor)
 GEO 4251: Climate Change and Storms (Instructor)

Grants, Awards and Honors

2016- Florida State University, Graduate Research Grant, Annual; \$1,000; 2016-2018
2016: The National Academies of Science, Engineering and Medicine: "*Multidisciplinary knowledge integration to support Louisiana coastal indigenous communities' response to natural and technological disasters and adaptation to climate change.*" \$312,000
2015: West-Russell Field Research Grant: "*Catastrophism, Gradualism and the Mississippi Gulf Coast.*" \$500
2015: Gilbert F. White Thesis/Dissertation Award from the Hazards, Risks and Disasters Specialty Group of the Association of American Geographers, Annual Conference; San Francisco, Ca.
2014: First place, Graduate Student Paper Presentation Contest, Paleo-environmental Change Specialty Group of the Association of American Geographers, Annual Conference; Tampa, Fl.
2014: Second Place, Audience Favorite, Three Minute Thesis Competition, Louisiana State University (University-wide)
2013: First Place, Graduate student poster competition, Southwestern Division of the Association of American Geographers 2013 Annual Conference; Nacogdoches, Texas
2013: Dean Appointment to the Louisiana State University Transition Advisory Committee, one of two graduate students representing the student body.
2007: Student-elected representative to the Syracuse University Newhouse School of Public Communication Council, 2007-2010
2006: Outstanding Delegate Award, Addressing the Specter of Global Warming, Gannon University, United Nations Conference.

Synergistic Activities and Research Partners

2016- U.S. Fish and Wildlife Service, St. Marks National Wildlife Refuge, St. Marks, Fla.
2016- Florida Master Site File Office, Tallahassee, Fla.
2015- Louisiana Department of Archaeology, Baton Rouge, La.
2015- Isle de Jean Charles Band of Biloxi-Chitimacha-Choctaw Indians, Terrebonne Parish, La.
2015- Pointe-au-Chien Indian Tribe, Terrebonne-Lafourche Parish, La.
2014- Live Oak Society, Baton Rouge, La.
2014- Monumental Trees Society, United States Chapter, Southeast
2014- Reviewer for the Journal of Coastal Research
2011- Member, Association of American Geographers (AAG)
2011- Member, American Geophysical Union (AGU)
2011- Member, American Meteorological Society (AMS)

Jones, Rebekah

Application		Comments
Status:	New	There are no items in this section.
Country:	United States	Correspondence
Attachments to be included in all Job Submissions:	Submission Attachments 3 attached	06/07/2018 People First
Attachments Added After Submission	Submission Attachments 0 attached	Action: Email
Vacancy Source:	People First	Thank You for Your Interest in Job OPS SYSTEMS PRO...
Relatives: To your knowledge, do you have any relatives working in this agency?	No	Offer Letter
Right To First Interview	Not Applicable	There are no items in this section.
	If you responded yes to the above statement, attach a copy of your official layoff letter when applying for this vacancy.	Application Status Audit Trail
Veteran Status	None of the Above	06/07/2018 People First
ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?	No	New
HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT WITHIN THE CAREER SERVICE, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE APPLYING?	No	Tags
People First Initial VP Review	No Selection	There are no items in this section.
People First Eligible VP Category (if different)	No Selection	More Information
Agency Final VP Eligibility Review	No Selection	Alternate Phone Number:
Agency Final VP Category Determination	No Selection	*Mailing Address :
		*City
		*State:
		*ZIP Code:
		*Country United States
		*Exemption from public record: Are you a current or former law enforcement officer, other covered employee** or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d), Florida Statutes (F.S)? Yes
		*Citizenship: The State of Florida hires only U.S. Yes

Background Information

A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position you are applying are considered. [see 112.011, F.S.].

Have you ever been convicted of a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever pled nolo contendere or guilty to a crime which is a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

citizens and lawfully authorized alien workers.

You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. Are you a U.S. citizen or legally authorized to accept employment with the specific hiring authority to which you are applying?

***Selective Service:** Section 110.1128, Florida Statutes, prohibits employment by the state (including re-hire after a break in service) of any male born on or after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the state, this law prohibits the promotion of such person. You may be required to provide documentation. If you are a male born on or after October 1, 1962, have you registered with the Selective Service or do you have proof of an exemption from this requirement?

Not Applicable

Signature

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be

investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. The consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. **If applicable, Complete Qualifying Questions prior to submitting your application.**

By checking this box, I certify that I have read and agree with these statements	Yes
Interview Result	
overdueInterviews	
Screening Details	
Briefly explain your GIS experience.	I hold a GISP certification a Master's degree in geography, two years of my Ph.D. in geography, and have more than seven years experience with GIS. My master's thesis was a GIS-based analysis of coastal barrier island change spanning 40 years of analysis. I've also worked professionally as a hazard analyst responding to natural disasters using analysis of drone imagery to determine damage extent.
What experience do you have with ESRI ArcGIS software?	I am an expert with ArcGIS Desktop and most ArcGIS accompanying software.
Are you willing to accept a salary of \$20/hour?	Yes
Are you willing to work before, during, and/or beyond normal work hours or days in the event of an emergency? This may include working in a special needs or Red Cross shelter, or performing other emergency duties including, but not limited to, responses to or	Yes

threats involving any
disaster or threat of
disaster, man-made or
natural.

Periods of Employment

*Name of Employer	Florida State Univeristy
*Your Job Title	Instructor
*Currently Employed	No
*Start Date	08/29/2016
*End Date	11/02/2017
*Hours Per Week	25
Employer's Address	113 Collegiate Loop, Tallahassee, FL 32306
Supervisor's Name	Victor Mesev
Supervisor's Phone Number	8506441706
*Duties and Responsibilities	Instructor for undergraduate geography and mapping courses
*Reason For Leaving	funding cut
Your name, if different during employment	
*Name of Employer	Louisiana Sea Grant
*Your Job Title	GIS Specialist
*Currently Employed	No
*Start Date	02/02/2015
*End Date	06/30/2016
*Hours Per Week	40
Employer's Address	Louisiana State University, Baton Rouge, LA 70808
Supervisor's Name	Matthew Bethel
Supervisor's Phone Number	
*Duties and Responsibilities	GIS modeling for sea level rise, hurricane storm surge, riverine flooding, population change, infrastructure, permitting, etc.
*Reason For Leaving	Started Ph.D. at FSU
Your name, if different during employment	
*Name of Employer	Imagecat, Inc.
*Your Job Title	Geospatial Analysis
*Currently Employed	No

*Start Date	10/29/2012
*End Date	04/30/2013
*Hours Per Week	35
Employer's Address	400 Oceangate # 1050, Long Beach, CA 90802
Supervisor's Name	Charles Huyck
Supervisor's Phone Number	5626281675
*Duties and Responsibilities	Emergency response GIS analysis - determining damage and flood depths using drone imagery
*Reason For Leaving	Contract job for Hurricane Sandy
Your name, if different during employment	

*Name of Employer	Southern Climate Impacts Planning Program (NOAA RISA)
*Your Job Title	Graduate Researcher
*Currently Employed	No
*Start Date	05/07/2012
*End Date	05/30/2014
*Hours Per Week	25
Employer's Address	Louisiana State University, Department of Geogrpahy, Baton Rouge, LA 70808
Supervisor's Name	Dr. Lynne Carter
Supervisor's Phone Number	N/A - currently heading a UN program in Kampala
*Duties and Responsibilities	Design, outreach about climate change impacts; Climate and GIS Analysis
*Reason For Leaving	Graduate assistantship held until graduation
Your name, if different during employment	

*Name of Employer	Syracuse Center of Excellence
*Your Job Title	Communication and Special Projects Intern
*Currently Employed	No
*Start Date	05/30/2011
*End Date	11/30/2018
*Hours Per Week	40
Employer's Address	727 E Washington St, Syracuse, NY 13244
Supervisor's Name	Carissa Ralbovsky
Supervisor's Phone Number	3154434445
*Duties and	Design outreach publications, including

Responsibilities	handouts, videos, maps, etc.
*Reason For Leaving	Internship while in college; graduated and moved for grad school
Your name, if different during employment	

Formal Education

*Name of School	Florida State University
*Location	Tallahassee, FL
*Start Date	08/29/2016
End Date	MM/DD/YYYY
Course of Study	Geography
*Degree Earned (transcripts may be required)	Doctorate
Credit Hours – Quarter	In progress
Credit Hours – Semester	

*Name of School	Louisiana State University
*Location	Baton Rouge, LA
*Start Date	05/21/2012
End Date	05/16/2014
Course of Study	M.S. Geography, Mass Communication minor
*Degree Earned (transcripts may be required)	Masters
Credit Hours – Quarter	
Credit Hours – Semester	

*Name of School	Syracuse University
*Location	Syracuse, NY
*Start Date	08/27/2007
End Date	12/16/2011
Course of Study	Geography, Journalism
*Degree Earned (transcripts may be required)	Bachelors
Credit Hours – Quarter	
Credit Hours – Semester	

Language Skills

There are no items in this section.

License, Registration or Certification

*License, Registration or Certification	GIS Professional (GISP)
--	-------------------------

Number	91113
---------------	-------

State Licensing Agency	GIS Certification Institute
-------------------------------	-----------------------------

Received	08/01/2015
-----------------	------------

Expires	08/31/2018
----------------	------------

Job-Related Training or Course Work

There are no items in this section.

Knowledge, Skills and Abilities

There are no items in this section.