

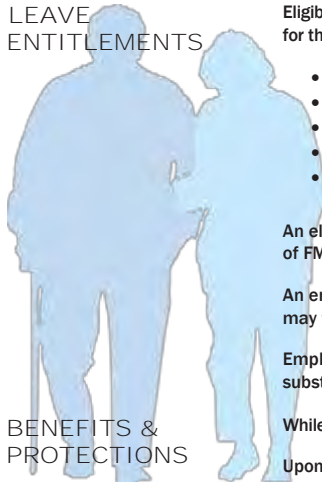


- **EMPLOYEE RIGHTS/FMLA NOTICE**
- **CHAMBERS COUNTY APPLICATION**

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline light crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division

WH1420a REV 04/16



APPLICATION FOR EMPLOYMENT
An Equal Opportunity / Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the County Treasurer's Office. Furthermore, the county conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the County Treasurer's Office in writing when you submit your application.

Chambers County does not discriminate against applicants on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, veteran status, genetic information or any other legally protected characteristic. Please direct any complaints about the application process to the County's Human Resources Director.

PERSONAL DATA:

(Last Name) (First Name) (Middle Initial)

(Street Address, RFD, or P.O. Box)

(City) (State) (Zip Code)

Phone Numbers: (_____) _____ Social Security Number: _____

(_____) _____ Position(s) Applied For: _____

E-mail Address (optional): _____

When would you be available to start work? _____

Check each type of work you will accept: _____ Regular _____ Temporary _____ Full Time _____ Part Time

Have you filed an application here before? _____ Yes _____ No Date _____

Have you ever been employed here before? _____ Yes _____ No Date _____

Are you or your spouse related to any other officer of this employer? _____ Yes _____ No

Minimum acceptable salary: \$ _____ per _____

EDUCATION AND TRAINING:

Name and Schools Attended and Location	GPA	Major Fields	Hours Completed/Degree Received

SKILLS: Please indicate (X) your experience/skills/abilities in the following areas:

Typing Speed:	Skills:	Clerical Experience:	No. of Years:
___ below 40 wpm	___ 10-Key by touch	___ Receptionist	_____
___ 40-49 wpm	___ Excel	___ Data Entry	_____
___ 50-59 wpm	___ Word	___ Bookkeeping	_____
___ 60-69 wpm	___ Publisher	___ Filing	_____
___ above 70 wpm	___ Power Point	___ Purchasing	_____
	___ Other Word Processing	___ Secretarial	_____
	___ Other Software	___ Records Management	_____
	___ Shorthand; speed _____	___ Cashier (electronic)	_____
	___ Court Reporting	___ Other	_____
	___ Other: _____	_____	_____
	_____	_____	_____

ADDITIONAL INFORMATION:

By law, you must be authorized to work in the United States in order to be employed by this employer and be able to produce appropriate documents establishing your identity and employment eligibility as required by the United States Employment Eligibility and Verification Form I-9.

If you can produce appropriate identification and work eligibility documents please check this box:

Have you ever pled guilty, pled no contest, or been convicted of a felony or other crime? ___Yes ___No

If yes, please confirm the date and county of the plea or conviction, and the nature of the offense on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. A plea or conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the plea or conviction, and the relevance of the crime to the job duties will be considered.)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License?
 ___Yes ___No

Type of License: ___ Operator License No. _____
 ___ Commercial License No. _____
 ___ Chauffeur License No. _____

REFERENCES:

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone Number	Occupation

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal document verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

Date: _____ Signature of Applicant: _____

EMPLOYMENT EXPERIENCE:

List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

May inquiry be made of your present employer? Yes No

Employer:		Dates: From:	To:
Phone No:			
Address		Summary of Job Duties:	
Job Title			
Supervisor			
Reason for Leaving		Starting Salary:	Ending Salary:
Employer:		Dates: From:	To:
Phone No:			
Address		Summary of Job Duties:	
Job Title			
Supervisor			
Reason for Leaving		Starting Salary:	Ending Salary:
Employer:		Dates: From:	To:
Phone No:			
Address		Summary of Job Duties:	
Job Title			
Supervisor			
Reason for Leaving		Starting Salary:	Ending Salary:
Employer:		Dates: From:	To:
Phone No:			
Address		Summary of Job Duties:	
Job Title			
Supervisor			
Reason for Leaving		Starting Salary:	Ending Salary:
Employer:	Phone No:	Dates: From:	To:
Address		Summary of Job Duties:	
Job Title			
Supervisor			
Reason for Leaving		Starting Salary:	Ending Salary: