

Polk County Human Resources

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TO: The Honorable Judge John P. Thompson
Commissioner Bob Willis, Pct. #1
Commissioner Ronnie Vincent, Pct. #2
Commissioner Milt Purvis, Pct. #3
Commissioner Tommy Overstreet, Pct. #4

FROM: *JM* Jeanette Montgomery, Human Resources Supervisor

RE: Policy Changes

DATE: April 13, 2009

I am respectfully requesting the following changes be made to the Personnel Management System. I have described below the requested changes:

- Book 2, Section 3.07, **Employment of Relatives**—commas were needed to ascertain a good understanding of the policy as pertains to the current law.
- Book 2, Section 5.18, **Cell Phone Allowance**—this is a new policy that would give guidelines to current cell phone allowances already in process.
- Book 2, Section 11.04, **Vehicle Insurance**—this policy would be changed to ascertain that it is the employee's responsibility to maintain automobile liability insurance. A copy of the employee's current automobile liability insurance would also need to be submitted with Travel forms if personal automobile usage is authorized and to be paid.
- Book 2, **Safety Program Forms**—revised Record of Injury/Accident forms. A new version is needed so that it is easier for our office to comply the DWC-1 to be completed online with TAC/JI.
- Book 2, **Personnel Forms Section**—all forms have been revised and updated.
- Book 1, **Job Description, Bailiff, #1063**—revision to add basic certification by the Texas Commission on Law Enforcement Officer Standards required for this position.
- It was also necessary to add a new Table of Contents due to additional pages and typographical revisions, also blank pages were added future updates. I am hoping that by adding blank pages this would prevent copying the entire book for a small update. Approximately 25 copies have to be distributed for all departments using a lot of paper.

Please remember that the current versions of the policies are on-line at www.co.polk.tx.us. This is an excellent way for your employees to review the policies. Please do not hesitate to call me with any questions regarding the above policies. Thank you for your consideration in this matter.

Human Resources office or the Polk County website (www.co.polk.tx.us). The completed application must be turned in to the Human Resources office. When an application is received by the Human Resources office for a specific departmental position vacancy, the Human Resources office shall forward all applications to the appropriate county department.

It is the responsibility of the employing department to make appropriate checks to verify education, experience, character, and required certifications and skills of an applicant prior to appointment. In the case of applicants for positions with the county which require driving a vehicle or equipment, the Human Resources office will verify current applicable licenses which may include a criminal history check. In addition, this information will be checked at least annually. See 3.11, Driving Record.

3.07 EMPLOYMENT OF RELATIVES (NEPOTISM). Nepotism is the showing of favoritism toward a relative. The practice of nepotism in hiring personnel or awarding contracts is forbidden by the county.

No person may be hired who is related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood) to any member of the commissioners court, elected official or department head for whom he or she works. (Prohibited degrees of relationship are defined in the chart on the following page.) No person may continue in county employment who is related in one of the prohibited degrees unless the employee has been employed continuously by the county for a period of:

1. At least 30 days, if the officer or member is appointed;
2. At least six months, if the officer or member is elected at an election other than the general election for state and county officers; or
3. At least one year, if the officer or member is elected at the general election for state and county officers.

(Legal Reference: V.T.C.A., Government Code, Chapter 573, as amended)

In addition, no personnel action will be taken that would result in any employee's supervising another employee who is related within the second degree of affinity or the third degree of consanguinity to the supervisory employee.

Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.

(Legal Reference: V.T.C.A., Government Code, Chapter 573)

5.16 LONGEVITY PAY. If funds are available Regular Full Time and Regular Part Time County Employees and all salaried Elected County Officials with one or more full years of continuous employment receive longevity pay annually in a lump-sum payment which is disbursed in December of the calendar year in which it was earned. The amount of longevity pay is calculated as \$60.00 per year for each full year of continuous employment, up to a maximum of \$1,200.00 per employee. Longevity pay is earned and awarded annually and is not otherwise prorated or compensable upon termination.

5.17 CERTIFICATE PAY. The County has established levels of Educational Certification Pay (Certificate Pay) for certain regular full-time peace officer positions (Sheriff, Chief Deputy, Captain, Lieutenant, Detective, Sergeant, Field Training Officer, CID Evidence Officer, Deputy, Investigator) and corrections positions (Jail Administrator, Corrections Officer, Warrant Officer, Inmate Work Supervisor) qualified by the Texas Commission On Law Enforcement Officers Standards and Education (TCLEOSE), as follows;

Intermediate Certificate	\$50 per month	(\$600/yr)
Advanced Certificate	\$100 per month	(\$1,200/yr)
Masters Certificate	\$150 per month	(\$1,800/yr)

To qualify for Certificate Pay, an eligible employee must spend at least ninety percent (90%) of his/her work hours on patrol, investigation, inmate supervision or in the supervision of employees assigned to the stated work and must have satisfied all TCLEOSE requirements for their assigned position and be current on all required training. Regular full-time Telecommunications Operators/Supervisors may qualify in the same manner for one-half (1/2) the annual amount listed. Certificate Pay is awarded annually during the budget adoption process and issued proportionately with each regular payroll. Upon separation, any Certificate Pay beyond that portion issued with final pay will not be compensated. Employees qualifying for Certificate Pay or a change in level of Certificate Pay after a fiscal year budget is adopted and/or qualified individuals hired after the adoption of the budget may be considered for Certificate Pay to be adopted in the next occurring budget process.

5.18 CELL PHONE ALLOWANCE. Employees whose job or work-related needs demand immediate access, or is required to be on call 24/7 for emergency situations, as determined by the Elected Official or Department head, may be allotted a cell phone allowance. Departments should review employees' job functions in order to justify establishment of cellular telephone allowances. An employee that is eligible for cellular telephone allowance must be a regular employee in a position for which a clearly defined business need has been determined by the Elected Official or Department Head. The amount of the allowance is to be determined by the Elected Official or Department Head. This allowance will be within the limits of departmental budget, must be reasonable in relation to the percentage of usage for county purposes, and may not exceed the employee's contractual cost for service. Implementation will be pending Commissioners

Court approval. The employee must provide a copy of the current cell phone statement at the time of the allowance and any updated or subsequent changes to the County Auditor's Office for their records. The County Auditor may ask for verification periodically. The employee must not use their cell phone in an illegal manner, whether during work hours or off time, and will be responsible for their own cell phone bill. At any time the employee is unable to maintain their personal cell phone, the employee must report this to their Elected Official or Department Head. The Elected Official/Department Head must complete a Personnel Action Form (with the date of the cell phone termination) to discontinue the cell phone allowance on the next applicable payroll, at which time any adjustment will be made as necessary in relation to the date of termination of the cell phone. This adjustment will ascertain that no payment is to be made to an employee after the date the cell phone was no longer in use for county purposes. No payment will be made by the County to add, replace or maintain any cellular phone, including stolen, lost or damaged, software and/or equipment, nor to pay any monthly cell phone plan fees. The County will not be responsible for any cellular contract termination fees (assessed by service provider) to include employees who are terminated, quit, transfer to another office or department, or are moved into another position not requiring use of a cellular phone. Cell phone allowances do not constitute an increase in base pay, or overtime pay and will be not included in any percentage calculations for increase in base pay. Payment will be equally divided among the designated pay periods. All cell phone allowances will be processed through the payroll and is subject to standard payroll deductions in accordance with Internal Revenue Service. Abuse of the cell phone policy is subject to disciplinary action up to and including termination.

11.00 USE OF COUNTY PROPERTY

11.01 GENERAL POLICY. The county attempts to provide each employee with adequate tools, equipment, and vehicles for the job being performed, and expects each employee to observe safe work practices and safe and courteous operation of vehicles and equipment in compliance with all applicable regulations.

11.02 USE OF TOOLS, EQUIPMENT, PROPERTY, AND VEHICLES. Employees who are assigned tools, equipment, vehicles, keys, uniforms or any other county property by their departments are responsible for them and for their proper use and maintenance. Upon separation from the County, an employee shall immediately return any and all property of the County to their supervisor or to the Human Resources Supervisor.

No personal or political use of any county property, materials, supplies, tools, equipment, or vehicles is permitted. If an employee is in doubt about a circumstance, he or she must check with the appropriate elected official or department head before proceeding. Violations of this policy may result in discharge and possible prosecution.

11.03 VALID DRIVER'S LICENSE. All operators of county vehicles are required to have the valid State of Texas driver's license necessary for legal operation of that vehicle in the State of Texas and to keep the department head or elected official informed of any changes of status in their licenses. The Human Resources office will periodically check the driving records of all employees who operate county vehicles or are required to use their personal vehicle to conduct county business. Failure to maintain a safe driving record may result in disciplinary action. An employee may be required to participate in a defensive driving course if the employee is cited with a moving violation.

Suspension or revocation of the driver's license of an employee who is assigned as a vehicle or equipment operator may result in a demotion or discharge.

11.04 VEHICLE INSURANCE. The county maintains up-to-date insurance coverage on all vehicles owned by the county. Elected or appointed officials or employees who drive a personal vehicle on county business are required to maintain automobile liability insurance as required by the State of Texas. Failure to do so may be grounds for disciplinary action up to and including discharge. A copy of the employee's current automobile liability insurance should be submitted with Travel forms if personal automobile usage is authorized. The County is not responsible for damage to the employee's vehicle or for employee's private insurance deductible. In addition, the County is not responsible for the operation and maintenance of privately owned vehicles beyond the amount of travel reimbursement as described in Section 18.00.

(To be completed, even if no injuries)

ATTACHMENT A

POLK COUNTY
RECORD OF INJURY/ACCIDENT

Date: _____

Employee Name: _____ DOB: _____
Address: _____ Social Security # _____
City: _____ State: _____ Zip: _____
Telephone: _____ Sex: Male ___ Female ___
Department: _____
Office Telephone: _____ Occupation: _____
Length of Service: In Current Position: Months ___ Years ___ In Occupation: Months ___ Years ___

INJURY INFORMATION: (ALL INFORMATION MUST BE COMPLETED)

Date of Injury: _____ Time of Injury: _____ AM ___ PM ___

Was there any lost time: ___ Yes ___ No Date lost time began: _____

Time work began: _____ # of hours worked on the date of injury _____

Nature of Injury: ___ Abrasion ___ Amputation ___ Allergic Reaction ___ Bite ___ Break ___ Burn ___ Bruise
___ Concussion ___ Carp.Tun.Syn ___ Contag. Disease ___ Dislocation ___ Dust ___ Elec. Shock ___ Fracture
___ Heart Attack ___ Hernia ___ Heat Stroke ___ Inflammation ___ Infection ___ Laceration ___ Poison
___ Puncture ___ Sprain ___ Strain Other _____

Body Part Injured: ___ Left ___ Right
___ Ankle ___ Arm low ___ Arm Upper ___ Back low ___ Back Upper ___ Back Middle ___ Ear ___ Elbow
___ Eye ___ Finger(s) ___ Foot ___ Hand ___ Head ___ Heart ___ Hip ___ Knee ___ Leg low ___ Leg Upper
___ Mouth ___ Neck ___ Pelvis ___ Teeth ___ Thumb ___ Toe ___ Wrist ___ Multi Body Parts
Other _____

How and why injury/illness occurred: _____

Did you get any type of medical Treatment for your injury? ___ Yes ___ No If yes, have you been taken off of work by the doctor? ___ Yes ___ No If yes, please give the following information where treatment was rendered:

Doctor/Facilities Name: _____

Doctor/Facilities Mailing Address: _____

Cause of Injury: ___ Animal/Insect ___ Assault/Criminal ___ Burn/Chemical ___ Burn/Fire ___ Burn/Misc.
___ Cut/Glass ___ Cut/Hand Tool ___ Cut/Power Tool ___ Cut/Misc. ___ Fall/Same Level ___ Fall/Diff Level
___ Fall/Ladder ___ Fall/Misc. ___ Foreign Body Eye ___ Slipped ___ Step/Object ___ Strain/Carry
___ Strain/Hold ___ Strain/Jumping ___ Strain/Lifting ___ Strain/Misc ___ Strain/Pulling ___ Strain/Push
___ Strain/Misc ___ Struck/Object ___ Vehicle Collision ___ Other _____

Location of Accident/Injury _____

Business Name Address City State Zip

Witnesses that may have information about this accident/injury: _____

Supervisor's Name: _____

Employee's Signature

POLK COUNTY
EMPLOYEE INJURY REPORT
WITNESS STATEMENT

Name of Injured Employee: _____
Date of Injury: _____ Time of Injury: _____ AM _____ PM _____
Name of Witness: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

If not Employed by Polk County
Employed By: _____ Phone: _____
Reason for presence at location: _____

Are you related to the injured employee? Yes No
If Yes, how? _____
How long have you known this employee? _____
Did you actually see this injury happen? Yes No If No, how do you know about it?

How near were you to the injured employee at the time of injury? _____
Please explain in detail what you know about this injury: _____

Did the injured employee talk to you about this injury? Yes No If yes, when?

Do you know of any other injury, accident, or illness that this employee may have had?
 Yes No If Yes, Explain: _____

List any other persons that may have information about this injury: _____

Additional Comments: _____

To the best of my knowledge this statement is true and correct.

Signature of Witness Date

POLK COUNTY
 Certification of Physician or Practitioner

Employee Name
Diagnosis: _____ Accident _____ Illness
Date Condition Commenced
Probable Duration of Condition

- | | | |
|-----|-----|---|
| Yes | No | |
| ___ | ___ | Is inpatient hospitalization of the patient required? |
| ___ | ___ | Will the patient's injury or illness require an absence from work, school, or other regular daily activities of more than three days which will also involve continuing treatment by (or under the supervision of) a health care provider? |
| ___ | ___ | Is the patient under continuing treatment or supervision by a health care provider for a chronic or long term condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days. |

Prescribed Regimen of Treatment

Number of Treatments _____ General Nature and Duration of Treatment _____

Prescribed Medication _____

If it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week, include schedule of visits or treatment. _____

Referral to other provider of Health Services: Name of Health Care Provider _____
 Area of Specialization _____

Next Appt. Date:	Next Appt. Date:
EMPLOYEES RETURN TO WORK STATUS	

Complete items below regarding the employee's return to work status after reviewing a statement from the employer of essential functions of employee's position, or, if none provided, after discussing with employee.

Unable to Return to Work	Beginning Date	Estimated Date to Return to Work
Released to Work with Restrictions	Beginning Date	Estimated Date to Return to Full Duty.

POLK COUNTY
SUPERVISORS REPORT OF INJURY/ACCIDENT

Employee Name: _____ DOB: _____
Address: _____ Social Security # _____
City: _____ State: _____ Zip: _____
Telephone: _____ Sex: Male ___ Female ___
Supervisor: _____
Department: _____
Office Telephone: _____

Cause of Injury/Accident _____

What equipment was involved? _____

List Damage to County Equipment/Property: _____

Cost to repair County Equipment/Property: \$ _____

How many Previous Injuries/Accidents had this Employee had: _____

How many injuries occurred in your department this year? _____

How many accidents occurred in your department this year? _____

INJURY INFORMATION: (ALL INFORMATION MUST BE COMPLETED)

Date of Injury: _____ Time of Injury: _____ AM ___ PM ___

Time work began: _____ Did employee continue his work day? ___ Yes ___ No

Nature of Injury: ___Abrasion ___Amputation ___Allergic Reaction ___Bite ___Break ___Burn ___Bruise
___Concussion ___Carp.Tun.Syn ___Contag. Disease ___Dislocation ___Dust ___Elec. Shock ___Fracture
___Heart Attack ___Hernia ___Heat Stroke ___Inflammation ___Infection ___Laceration ___Poison
___Puncture ___Sprain ___Strain Other _____

Location of Accident/Injury _____

Business Name Address City State Zip

Witnesses that may have information about this accident/injury: _____

Were all County Safety Policy Followed? _____

If No, Explain: _____

Additional Comments: _____

Supervisor's Signature

BACKGROUND RESEARCH AND REFERENCE CHECK FORM
(For use as a telephone checklist or to mail to employers)

_____ has applied for the position of _____
with _____.

Your considered and frank evaluation will be appreciated.

A – EMPLOYMENT REFERENCE

Applicant stated he/she was employed by you from _____ to _____
In the capacity of _____. Is this correct? _____.

If not, please explain: _____

Applicant stated his/her salary was \$ _____ per _____. Is this correct? _____

Did that include bonus, overtime, fringe benefits, etc.? _____

Did someone refer this employee to you? _____ Who? _____

How well did he/she carry out his/her duties for you? _____

If he/she was good at the job, did you try to get him/her to stay? Please explain:

When there was a particularly urgent assignment, what steps did he/she take to make sure it was done on time? _____

His/her current resume describes the job with your organization as

Do you agree? _____

How did he/she get along with other employees? _____

Was he or she absent from work more often than average for your employees?

Explain:

B – PERSONAL REFERENCE

How long have you known applicant? _____

In what capacity? _____

When did you last have contact with him/her? _____

How? _____

C – EMPLOYMENT AND PERSONAL REFERENCE

To your knowledge, is there anything that would prevent this person from holding or performing satisfactorily in this responsible job? Yes _____ No _____
If yes, please explain: _____

None of us is perfect at everything. Please describe the applicant's shortcomings

To your knowledge, has this person ever been convicted of a felony or other crime in a civilian or military court (excluding minor traffic violations)? Yes _____ No _____
If yes, please explain: _____

REMARKS: (Please add any comments you think would be helpful to us in assessing this applicant's suitability for the job listed above. Thank you.)

Name and Title of Person Providing This Information: _____

Telephone Number: _____

Organization/Company Name: _____

Address: _____ City: _____ State: _____

Signature _____ Date _____

Thank you – A stamped, return-addressed envelope is enclosed.



POLK COUNTY, TEXAS

BI-WEEKLY PAYROLL - EMPLOYEE PAYROLL

DATE OF PAYROLL PERIOD: (Beginning) _____ (Ending) _____

EMPLOYEE NAME: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WK. TOTAL
HOURS WORKED {	REG	REG	REG	REG	REG	REG	REG	REG
	O/T	O/T	O/T	O/T	O/T	O/T	O/T	O/T
LEAVE TAKEN	VAC	VAC	VAC	VAC	VAC	VAC	VAC	VAC
	SIC	SIC	SIC	SIC	SIC	SIC	SIC	SIC
	CMP	CMP	CMP	CMP	CMP	CMP	CMP	CMP
	HOL	HOL	HOL	HOL	HOL	HOL	HOL	HOL
	PER	PER	PER	PER	PER	PER	PER	PER
	EMG	EMG	EMG	EMG	EMG	EMG	EMG	EMG
A: ALL HOURS - FIRST WEEK								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WK. TOTAL
HOURS WORKED {	REG	REG	REG	REG	REG	REG	REG	REG
	O/T	O/T	O/T	O/T	O/T	O/T	O/T	O/T
LEAVE TAKEN	VAC	VAC	VAC	VAC	VAC	VAC	VAC	VAC
	SIC	SIC	SIC	SIC	SIC	SIC	SIC	SIC
	CMP	CMP	CMP	CMP	CMP	CMP	CMP	CMP
	HOL	HOL	HOL	HOL	HOL	HOL	HOL	HOL
	PER	PER	PER	PER	PER	PER	PER	PER
	EMG	EMG	EMG	EMG	EMG	EMG	EMG	EMG
B: ALL HOURS - SECOND WEEK								
TOTAL HOURS THIS PAY-PERIOD (A: + B:)								

As a County Employee, I understand that it is my responsibility to accurately report my hours worked and my leave time taken. By signing this time sheet (or by allowing this time sheet to be signed on my behalf), I am verifying that the above record is a true and correct accounting of my hours for the purpose of my permanent employee record and shall be used for all personnel matters, including benefit eligibility, benefit accrual and payroll. I understand that a timesheet is a governmental record and falsification of a governmental record is a violation of Penal Code 37.10.

EMPLOYEE SIGNATURE _____ DATE _____ SUPERVISOR (County Judge, if Employee is Appointed Dept. Head) _____

Direct Deposit Authorization Agreement

I hereby authorize my employer (hereinafter called County) to deposit any amounts owed to me by initialing credit entries to my account at the financial institution (hereinafter called Bank) indicated below. Further, I authorize the Bank to accept and to credit entries indicated by the County to my account. In the event that the County deposits funds erroneously into my account, I authorize the County to debit my account for an amount not to exceed the original amount of the erroneous credit.

Section I – Employee Information

Employee Name _____
Social Security Number _____ Effective ___/___/___
 Begin Deposit Change Information Cancel
Attach a voided check or copy of a check.

Section II – Financial Institution Information

Name of Financial Institution _____
Account Number _____ ABA/Routing # _____
 Checking Account Savings Account Amount per pay period _____
Attach a voided check or copy of a check.

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Name of Financial Institution _____
Account Number _____ ABA/Routing # _____
 Checking Account Savings Account Amount per pay period _____
Attach a voided check or copy of a check.

Section II – Financial Institution Information

Name of Financial Institution _____
Account Number _____ ABA/Routing # _____
 Checking Account Savings Account Amount per pay period _____
Attach a voided check or copy of a check.

Section III – Authorization

This authorization is to remain in full force and effect until County and Bank have received notice from me of its termination in such way and in such manner as to afford County and Bank a reasonable opportunity to act on it.

Employee Signature _____ Date ___/___/___

ELECTED OFFICIAL/DEPARTMENT HEAD ORIENTATION CHECKLIST

The following information is also included in the Personnel Management System. Please read this manual thoroughly.

- Budget (salary information, annual budget - see County Judge)
- Hiring & Firing (documentation), Personnel Action Forms
- Job Announcements – Methods of Recruitment & Selection
- Youth Employment Laws
- Fair Labor Standards Act – Work week & Work Hours, Time reporting, Time Sheets
- EEOC, Sexual Harassment
- Record Retention
- Leave Time (including LWOP, SWOP, & FMLA)
- Employee Evaluations & Merit Increases
- Unemployment Claims
- Documentation & Discipline
- Safety for employees (see Emergency Management Coordinator)
- Accident reporting & post accident drug testing – Workers Compensation Information
- Property issues & disposal of property - Use of County Property (see County Auditor)
- Travel Vouchers/Reimbursement (see County Auditor)
- Vehicles (see County Auditor)
- Purchase Order Procedures (see County Auditor)

The items listed above have been discussed with me, and I am aware that I am responsible for reading the Personnel Management System. I am also aware that if I have any questions regarding these matters or other concerns that I should contact any applicable department for additional information. I have received a copy of this document.

Employee's Signature: _____ Date: _____

Orientation conducted by: _____

ELECTION TO DISCLOSE OR KEEP CONFIDENTIAL HOME ADDRESS AND HOME TELEPHONE NUMBER

The Texas Open Records Act permits you to choose whether this employer discloses your home address and home telephone number to the public on request.

If you want your home address and home telephone number kept confidential, check the first box below. If you want them disclosed, check the second box.

After checking the appropriate box, sign, print your name, and write the date on the lines provided and return the completed form to the Human Resources office.

I want my home address and home telephone number kept **confidential**; do not disclose them to the public.

I authorize disclosure of my home address and home telephone number to the public on request.

(Signature)

(Printed Name)

(Date)

EMERGENCY EMPLOYEE CERTIFICATION

I, _____ (Elected Official/Department Head) representing _____ have experienced an unforeseen vacancy occurring within my department. This unforeseen vacancy has had a detrimental effect, therefore effecting the minimum daily operations of this department. The department operations would be severely hindered should a prospective employee being hired to fill the vacancy not be allowed to report to work until the Personnel Action Form has been approved by the Commissioners Court.

This form must be submitted to the Human Resources Supervisor, requesting an emergency employee. The County Auditor must verify that sufficient funds, authorized by Commissioners' Court, are available in the department's salary line item to cover the incoming employee's salary for the specified period of employment. Additionally, any request for emergency hire must be approved by the County Judge, as Budget Officer. Approval of an emergency hire will allow an employee to report to work immediately.

If the department's budget does not contain sufficient funds for emergency employee salaries, the department head must first obtain authorization from Commissioners' Court prior to hiring any or emergency employee(s).

Per Policy 3.15 of the Personnel Management System, Book 2.

I certify the above statement is a true and correct statement relating to prospective employee _____ to fill the position of _____.

Elected Official/Department Head

Date

EMPLOYEE ACKNOWLEDGMENTS

I have either received a copy, or I have available to me internet capabilities, which I may view the Polk County Personnel Policies, the Health and Safety Policy and the Polk County Substance Abuse Policy, which outline my privileges and obligations as a Polk County Employee. I understand these policies are available online at www.co.polk.tx.us. I understand that the provisions of these policies are part of the terms and conditions of my employment. I accept the responsibility for reading and familiarizing myself with these policies and I agree to abide by them. I understand that these policies and/or the provisions contained therein may be changed, amended or supplemented at any time, with or without notice, by the Polk County Commissioners Court and that any such changes, which supersede these policies, will be communicated to me by my supervisor and/or through postings on the Employee bulletin board located at the Human Resources Office.

I further understand that these policies provide a general outline and that the provisions of these policies do not constitute an employment agreement (contract) or a guarantee of continued employment. I understand that my employment is terminable **at will**, so that both the County and its employees remain free to choose to end their relationship at any time, for any reason, or no reason at all.

I acknowledge that my work hours are designated by the County and that any overtime must be approved, in advance, by my supervisor. I further understand that I will be granted compensatory time off in lieu of the payment of overtime to the extent provided by law and that, do to inclement weather, lack of work or other business reasons, I may be directed to use any or all of my accrued compensatory time.

I understand that, as a Polk County Employee, I have a personal responsibility to provide quality service to the public, to achieve the highest degree of safety possible for myself and my fellow workers, to offer suggestions for improvement that I feel may be valuable to the County and to demonstrate a spirit of teamwork and cooperation with all County Departments and Employees.

Should, for any reason, I leave the employ of the County, I agree to return any and all articles of County property in my possession or assigned to me and for which I have responsibility.

Signature of Employee

Date signed

Printed Name of Employee

EMPLOYEE EXIT INTERVIEW

We appreciate your taking the time to fill out this form. Your comments will be helpful to us in our efforts to provide a better work place for present and future employees.

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

Date of Employment: _____
Last Day Worked: _____
Termination Date: _____
Current Pay Rate: _____
Date Effective: _____
Other: _____

NAME: _____

CURRENT ADDRESS: _____

NEW ADDRESS (if leaving area): _____

WHAT IS YOUR REASON FOR LEAVING? _____

DO YOU HAVE ANOTHER JOB? YES NO

NAME OF COMPANY: _____

IF YES, WHAT IS YOUR NEW JOB AND HOW DOES IT COMPARE WITH OURS? (I.E., WAGES, HOURS, AND WORKING CONDITIONS) _____

WHAT IS YOUR RATE OF PAY GOING TO BE WITH YOUR NEW EMPLOYER? (if applicable) _____

WHEN YOU WERE FIRST EMPLOYED HERE, WERE THE DUTIES AND REPONSIBILITIES OF YOUR JOB CLEARLY EXPLAINED TO YOU?
 YES NO COMMENTS: _____

WERE THE CONDITIONS OF WORK, SALARY, AND OTHER BENEFITS, HOURS OF WORK, ETC., CLEARLY EXPLAINED TO YOU?
 YES NO COMMENTS: _____

WHAT JOBS HAVE YOU HELD WHILE HERE? _____

EMPLOYEE EXIT INTERVIEW (Continued)

NAME(S) OF SUPERVISOR(S): _____

PLEASE LIST ANY SUGGESTIONS YOU MAY HAVE THAT WILL MAKE THIS A BETTER PLACE TO WORK. _____

WHILE YOU WERE AN EMPLOYEE HERE, DID YOU SUFFER ANY INJURY OR ACCIDENT WHILE ON THE JOB: ___ Yes ___ No IF YOU ANSWERED YES, DESCRIBE THE DETAILS OF YOUR INJURY

DID YOU NOTIFY THE EMPLOYER OF SUCH INJURY AT THE TIME IT OCCURRED?
___ YES ___ NO

I HAVE READ THE ABOVE QUESTIONS AND UNDERSTAND THE CONTENTS THEREOF AND HAVE ANSWERED THEM TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

I HEREBY ACKNOWLEDGE THAT ALL CLAIMS FOR COMPENSATION HAVE BEEN SATISFIED AND I HEREBY RELEASE THIS EMPLOYER FROM ALL LIABILITY IN CONNECTION THEREWITH.

I FURTHER ACKNOWLEDGE THAT I HAVE DELIVERED TO A DESIGNATED REPRESENTATIVE OF THIS EMPLOYER ALL KEYS, EQUIPMENT, RECORDS, OR ANY OTHER MATERIALS BELONGING TO THE EMPLOYER.

Employee's Signature

Date

Witness

Date

Reviewed by Chief Administrative Officer: _____
Signature Date

EMPLOYEE ORIENTATION CHECKLIST

Personnel Forms:

- Personnel Action
- Health/Life Insurance
- W-4
- Retirement
- Employment Record
- I-9

- 5. Documents for employee
 - Employee information material
 - All insurance booklets
 - Job description
 - Performance evaluation form
 - Retirement booklet
 - Operations manual
 - Personnel policies

2. Pay System

- Pay dates and how checks are distributed
- Gross pay and date of first check
- Salary ranges and step advances
- When deduction become effective

3. Promotions (from Supervisor)

- Apply at Human Resources

4. Personnel Regulations

- Furnish and review employee information
- Leave provisions
- Smoking policy
- Availability and location of personnel policies manual
- Grievance procedure
- Travel regulations

Your Supervisor will inform you of the following:

1. Employee Information: Department Head, Supervisor, Personnel Officer, Purpose and location of bulletin boards(s), working hours, lunch/coffee breaks, time and attendance reporting.
2. Job Requirements: Job description explained, overtime assignments, dress/uniforms and personal appearance, employee responsibilities, standby, call back duty and courtesy toward the public.
3. Departmental Regulations: Disciplinary action, safety, grievance procedures, and use of tools and equipment.
4. Administrative Procedures: Leave requests and absence reporting.
5. General Information: Parking, work space, equipment assigned, telephones, copier(s), pay check distribution, tour of work site, introduction to fellow employees and keys.

The items listed above have been discussed with me, and I have received the materials.

Employee's Signature: _____

Date: _____

Orientation conducted by: _____



EMPLOYMENT APPLICATION



For Human Resources Use Only. Received application on:

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

All applications must be received by the Human Resources Office prior to the application deadline. Please do not write "See Resume." Resumes may be attached as a supplement to this application. Be thorough, since your answers may determine whether or not you will be interviewed or considered for a position. Some positions may require typing skills, which will be designated in the "Required Knowledge Section" of the Job Announcement. Please attach a typing or keyboarding test from the Workforce Center or you may visit our office to be administered a keyboarding test. This test is required to be submitted with the application whether or not you meet the required speed.

PLEASE PRINT IN INK

NAME <small>(As it appears on Social Security Card/Work Permit Card)</small>		Last		First		Middle	
MAILING ADDRESS							
PHYSICAL ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE				SECONDARY NUMBER			
DAYTIME TELEPHONE				ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:				MIN. SALARY REQUIREMENTS:		\$	
CHECK EACH TYPE OF WORK YOU WILL ACCEPT:		<input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY		DATE AVAILABLE:			
		<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME					
		<input type="checkbox"/> LABOR POOL ("AS NEEDED")					
HAVE YOU EVER BEEN EMPLOYED BY POLK COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES				WHEN?		DEPARTMENT:	
SUPERVISOR:				REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:			CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <small>If Yes, Give location, date, charge and disposition of case(s) on page 4 (additional info. section).</small>		DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		D.L.#					STATE
In the case of applicants for positions with the county which require driving a vehicle, driving records will be checked annually. Every county employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record and may be required to participate in Defensive Driving courses at the county's request. Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.							

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: _____ To: _____
Branch of Service Dates Served Type of Discharge

DD214 is required (please attach).

EDUCATION

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED				UNITS COMPLETED	DEGREE	MAJOR
				9	10	11	12			
HIGH SCHOOL										
COMMUNITY or JR COLLEGE										
BUSINESS or TRADE SCHOOL										
COLLEGE or UNIVERSITY										
GRADUATE SCHOOL										

COMPUTER/SKILLS

COMPUTER SKILLS	Name of Software, if applicable	Your Proficiency		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		Multi-line Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typing/WPM _____	Calculator by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Copier/Fax Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR	

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE	

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDE U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
 EMPLOYER _____ YOUR SUPERVISOR _____
 ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ REASON FOR LEAVING _____
 BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
 EMPLOYER _____ YOUR SUPERVISOR _____
 ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ REASON FOR LEAVING _____
 BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
 EMPLOYER _____ YOUR SUPERVISOR _____
 ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ REASON FOR LEAVING _____
 BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
 EMPLOYER _____ YOUR SUPERVISOR _____
 ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ REASON FOR LEAVING _____
 BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
 BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

In order to comply with the Nepotism Policy of Polk County, please list below if you or your spouse is related to any officer or employee of Polk County. If not applicable please write N/A.

ADDITIONAL INFORMATION OR TRAINING

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____
ADDRESS _____
HOME PHONE _____

RELATIONSHIP _____
CITY, STATE, ZIP _____
BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

Verify 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 Polk County, 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 documents verifying my identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Supervisor.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a fitness for duty examination and a drug screen. This examination will be conducted by health care providers of the County's selection. I understand that a positive result from the drug screen will eliminate me from consideration from any County job. I understand that I must produce all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Polk County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted. I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County. Furthermore, the County will have the right to change your location of work, your salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. Polk County operates under the legal doctrine of employment-at-will and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____

FOR LAW ENFORCEMENT APPLICANTS ONLY - THE INFORMATION BELOW IS SUBMITTED FOR BACKGROUND INVESTIGATION PURPOSES ONLY: DO NOT COMPLETE UNLESS SUBMITTING AN APPLICATION FOR A LAW ENFORCEMENT POSITION:

Date of Birth: _____ Texas Drivers License Number: _____

The job I am applying for requires a criminal or comprehensive background check, and I hereby consent/ do not consent to the criminal and/or comprehensive background check. I understand that failure to consent to such background checks (if required for the job) will result in my application not being considered. initials. I reiterate, and emphasize that the intent of this information is to provide full and free access to the background and history of my life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Polk County Sheriffs Office to consider in determining my suitability for employment by that office.

MUST BE SIGNED IN PRESENCE OF NOTARY FOR ALL CORRECTIONS/COMMUNICATION OFFICERS OR SHERIFF DEPUTY APPLICANTS:

Subscribed and sworn before me this ____ day of _____ 20____

Signature of Notary

Notary Seal or Stamp

Send Applications To:

Polk County Human Resources
602 East Church Street, Ste. 105
Livingston, Texas 77351
Phone 936-327-6802
Fax 936-327-6879



Thank you for your interest in employment opportunities with Polk County.
Please view current job postings at: www.co.polk.tx.us

EMPLOYMENT RECORD

EMPLOYEE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

(Name: Last, First Middle Initial) (1st phone # to try) (2nd # to try)

(Street Address, City, State, Zip Code) (Relationship)

(Other information)

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

(To be posted on central bulletin board)

PURPOSE

To reaffirm the policy of the County on Equal Employment Opportunity.

POLICY

The County will ensure that all qualified applicants enter and advance in employment on the basis of demonstrated merit and fitness as ascertained through fair and practical methods of selection and promotion without regard to race, age, religion, color, disability, national origin, or sex. In carrying out this equal employment opportunity, the County will comply with statements of state and national policy concerning equal employment opportunity, including Title VI and VII of the Civil Rights Act of 1964, as amended, and 1991; the Age Discrimination in Employment Act of 1967, as amended; the Rehabilitation Act of 1973, as amended; Executive Order No. 11246, as amended; U.S. Americans with Disabilities Act of 1990, and other applicable laws, orders, or related rules and regulations.

SCOPE OF THE POLICY

This policy extends to all employees and applicants for employment in all aspects of the employment relationship, including but not limited to the following; job structuring, recruitment or recruitment advertising, examination, selection, appointment, placement, training, upward mobility, discipline, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, selection for training including apprenticeship and educational benefits, and any other aspect of personnel administration.

RESPONSIBILITIES

All employees will carry out the spirit and intent of this policy. The application and effectiveness of this policy are the responsibility of the Commissioners Court and all supervisory personnel.

PROCEDURES

Personnel decisions will be made on the basis of occupational qualifications and job-related factors such as skill, knowledge, education, experience, and ability to perform a specific job; and without regard to race, age, religion, color, disability, national origin, sex, political affiliation or belief, or any other non-merit factor.

The County will continue to assign direct responsibility to supervisory personnel in order to implement its nondiscrimination policy.

Facilities will continue to be maintained on a nonsegregated basis. Social activities and all other employee benefits will offer equal opportunities to all without regard to race, age, religion, color, disability, national origin, or sex.

Prompt resolution will be made of any efforts to impede or prevent compliance with this policy.

Date

County Judge

Revised June, 1995

GRIEVANCE REPORT

Employee's Name: _____

Job Classification: _____

Department: _____

Supervisor: _____

Statement of Grievance: _____

(Continue on additional sheets if necessary)

What would be required, in your opinion, to resolve this grievance?

(Continue on additional sheets if necessary)

Attempts at oral discussion have not resolved this grievance to my satisfaction. I understand the grievance procedure and timetables established in the Personnel Policies.

_____ Date Filed

_____ Employee's Signature

Received by: _____

_____ Date

Original to Supervisor

Copy Retained by Employee

Copy to Human Resources (for employee personnel file)

INTERVIEW CHECKLIST: DO'S AND DON'TS

(Tips For Effective Interviewing)

Advance preparation and attention to detail on the part of the interviewer will contribute greatly to the effectiveness of the interview. Suggestions of do's and don'ts to be observed during the interview process are listed below.

Do's: Things To Do To Make The Interview Productive

1. Review the application in advance of the interview and make notes of specific questions to ask.
2. Review the job description for the position in advance of the interview, with special emphasis on the essential job functions and required knowledge, skills, and abilities; make notes, as appropriate, about specific questions to ask.
3. Review this Do's and Don'ts Checklist in advance of the interview.
4. Review and have in front of you any standard questions that are asked of **all applicants**.
5. Plan to meet in private to conduct the interview. If there is more than one person involved in the interviewing, explain the presence of the additional person(s).
6. Anticipate tension or anxiety on the part of the applicant and try to minimize this. Making the applicant feel at ease normally will result in more effective communication.
7. Set aside ample time for the interview, for it is highly important.
8. Be a good listener. Pay attention during the interview and stay alert to the applicant's responses.
9. Think before you talk. Be careful not to use terms which could be associated with discrimination in any of its forms (e.g., "Sweetie," "Honey," "Little Lady," "you people," etc.).
10. Ask only questions which are directly related to the person's ability to perform the essential and marginal job functions in question.
11. Ask for demonstrations of how an applicant will accomplish specific job functions. Be certain to ask for the same demonstration from all applicants, and be prepared to make a reasonable accommodation for a disabled applicant.
12. Conclude the interview when a natural stopping point has been reached.

Don'ts:

Things To Be Avoided To Make The Interview Productive and To Avoid Potential Legal Liability

1. Don't ask "yes or no" type questions if the question can be asked another way so that the applicant will express himself or herself as much as possible.
2. Don't use a voice tone, actions, or words that show disinterest, criticism, or impatience during the interview.
3. Try to avoid excessive writing during the interview, as it can be distracting to the applicant. It is best to make any extensive notes about the interview immediately after the meeting.
4. Don't ask about limitations posed by a physical or mental disability. However, if the applicant brings up his or her disability, ask how he/she plans to accommodate the disability in order to perform the essential functions of the job, e.g. ask him/her to demonstrate how he/she will lift the 30 pound bag of concrete and move it from the storage room to the bed of the pickup truck and from there to the specific job site. Be sure to ask all other applicants that same question.
5. Don't ask personal questions or inquire into areas that are not directly related to the essential and marginal job functions. Don't make a no-hire decision based on inability to perform the marginal job functions. Specific personal questions to be avoided are listed below:
 - a. Marital Status – If this information is used to discriminate against women, it is a violation of Title VII of the Civil Rights Act of 1964. This information normally is needed for payroll and insurance purposes, but should be obtained after employment.
 - b. Number, Age, Status of Children or Other Dependents, or Questions Regarding Child Care – Some of this information may be needed for payroll and insurance purposes, but should be obtained after employment.
 - c. Spouse's Occupation – this is unrelated to a person's ability to perform in a job and has been shown to have a discriminatory impact on women.
 - d. Political Beliefs or Views on Issues – These are unrelated to ability and in some instances could constitute discrimination.
 - e. Religious Affiliation or Beliefs – It is permissible for the employer to state the regular days, hours, or shifts to be worked; however, it is not legal to discriminate on the basis of religion.

- f. Age – The potential contribution of the applicant to the organization is the important factor – not the number of potential years of work.
 - g. Citizenship – Inquiries about an applicant's citizenship in some cases may constitute evidence of discrimination on the basis of national origin. The relevant issue is that the applicant be able to submit, upon employment, verification of his or her legal right to work in the United States.
 - h. Height and Weight – in assessing the physical ability to perform certain jobs, the real concern should be strength and agility, not height and weight.
 - i. Certain Medical information – Avoid questions about the applicant's health, especially anything related to a possible disability as defined in the Americans with Disabilities Act (ADA). Health information needed for medical insurance purposes should be obtained at a later date. Pre-employment physical exams should be conducted only after a job offer has been made which may be conditioned on satisfactorily passing the physical. If the applicant does not pass the physical, you must consider whether it is possible to make a reasonable accommodation. Consulting the applicant regarding how he/she would propose to accommodate the problem may be advisable.
6. Don't put undue emphasis on the negative aspects of the job, but be candid about all aspects.
 7. Don't mispronounce an applicant's name if at all possible. Take the extra time and effort to learn the correct pronunciation, for example, of an Hispanic applicant's surname.
 8. Be careful in discussions of criminal convictions. A conviction for a felony or other crime may not by itself constitute an absolute bar to employment. The relationship between the offense and the particular job should be weighed, as well as the severity and date of the offense. Minor traffic violations, juvenile offenses, and instances where individual rights have been restored all require careful consideration.

JOB ANNOUNCEMENT FORMAT AND INSTRUCTIONS

Step/Pay Group
Yearly/Hourly Range

JOB ANNOUNCEMENT

POLK COUNTY HUMAN RESOURCES IS NOW ACCEPTING APPLICATIONS FOR THE POSITION DESCRIBED BELOW:

POLK COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

JOB TITLE: (Use official title from job description, adding department name, if applicable.)

SUMMARY OF POSITIONS: (Take directly from job description summary.)

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: (Take directly from job description.)

ACCEPTABLE EXPERIENCE AND TRAINING: (Take directly from job description.)

CERTIFICATES AND LICENSES REQUIRED: (Take from job description, if applicable.)

APPLICATIONS WILL BE TAKEN (State specific date or "Until filled".)

APPLICATION FORMS OR ADDITIONAL INFORMATION CAN BE OBTAINED BETWEEN THE HOURS OF 8:00 A.M. AND 5:00 P.M. BY CONTACTING:

JEANETTE MONTGOMERY, HUMAN RESOURCES SUPERVISOR
602 E. CHURCH STREET, SUITE 105
LIVINGSTON, TEXAS 77351
PHONE: (936) 327-6802 * FAX: (936) 327-6879

*For the purpose of compliance with the Americans With Disabilities Act (ADA), this job description does not take into account potential reasonable accommodations.

LETTER OF APPLICATION BY A CURRENT EMPLOYEE

Employees Name: _____ Position Applied For: _____
Street Address: _____ Job Announcement Date: _____
City, State, Zip: _____ Closing Date: _____
Home Phone No.: _____ SSN: _____

Immediate Supervisor: _____

Reason for Interest in this Position:

Knowledge, Skills, Abilities, Licenses, Education, Training, etc., attained since Initial
Employment with this Employer:

(Attach original application for employment if desired.)

Employee Signature

Date

MANDATORY MINOR EMPLOYEE RELEASE FORM

PLEASE READ THIS DOCUMENT CAREFULLY AND COMPLETE
BY SIGNING
PARENT/GUARDIAN SIGNATURE REQUIRED PRIOR TO EMPLOYMENT

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Street Address of Parent/Guardian: _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

I, _____ (Name of Parent/Guardian), the parent and/or guardian of _____ (Name of Minor Employee) (the "Minor"), hereby consent to the Minor being granted employment with Polk County (the "County"). I hereby authorize Polk County to secure a physical examination by a duly licensed medical services provider for the Minor in order to ensure his or her physical well-being and fitness for employment. I also understand that, as a prerequisite to employment, the Minor will be asked to submit a sample of hair, blood, urine, saliva or other bodily fluid and/or tissue, which will be screened for the presence of illegal and dangerous drugs, and controlled substances, and I hereby consent to the taking of said sample from the Minor, and agree to hold the County harmless for any damages which may result from taking and testing said sample.

I HAVE READ THIS DOCUMENT CAREFULLY AND FULLY UNDERSTAND
THAT THIS IS A RELEASE AND WAIVER.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

NEPOTISM CHARTS

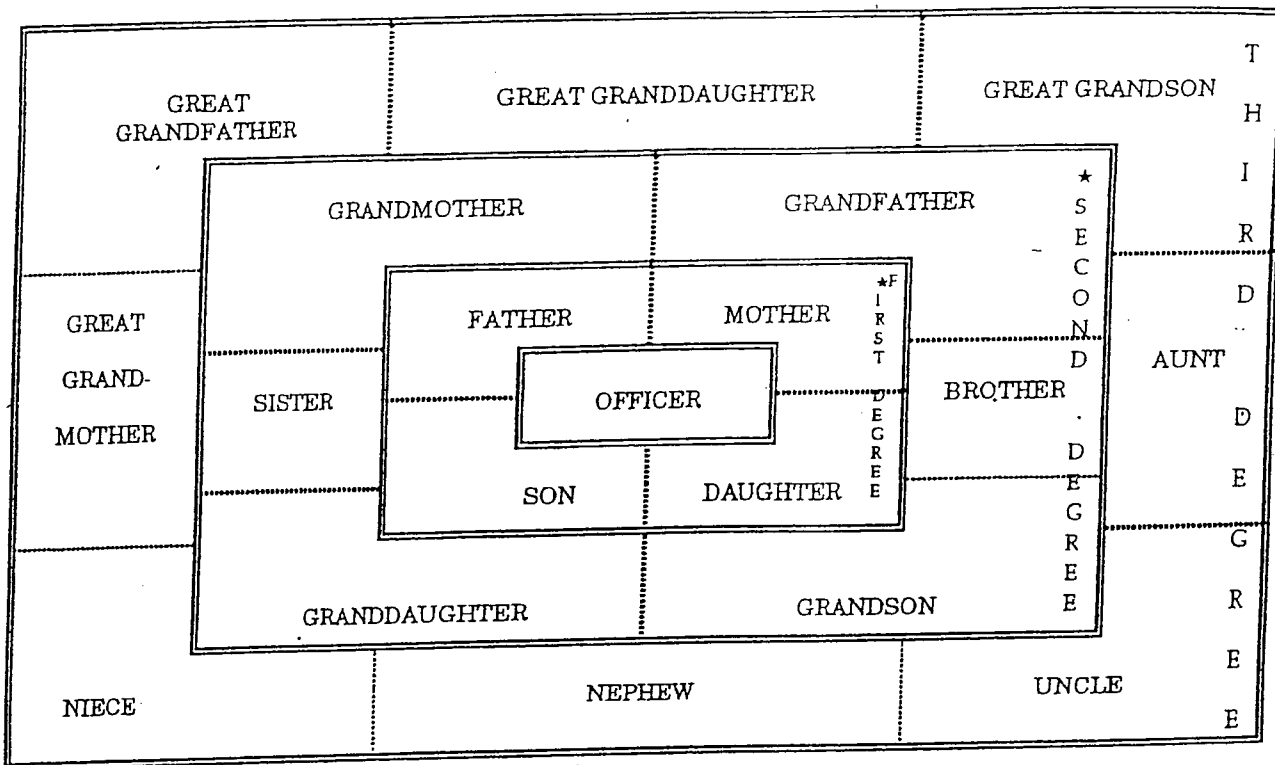


FIGURE 1 — CONSANGUINITY KINSHIP CHART

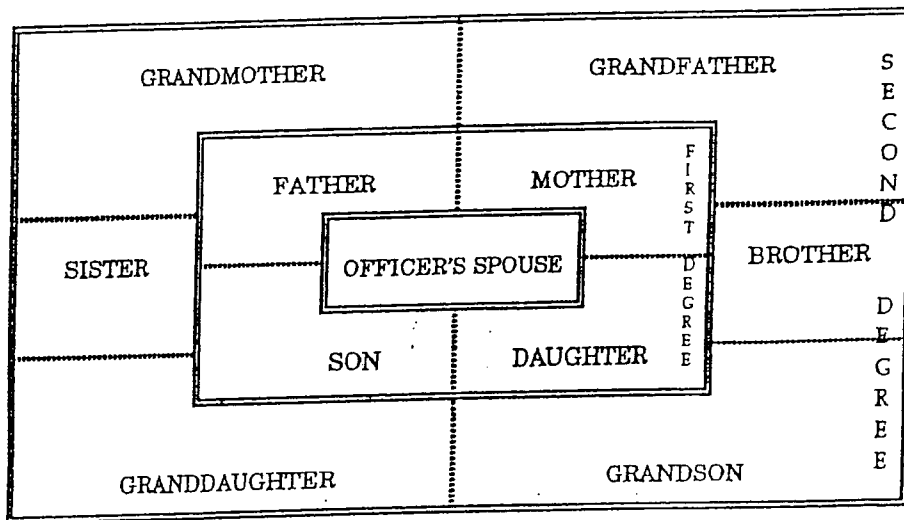


FIGURE 2 — AFFINITY KINSHIP CHART

★ Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.
 (Legal Reference: V.T.C.S., Article 5996h.)

PERSONNEL ACTION FORM

TO: HUMAN RESOURCES SUPERVISOR FROM: _____

(Employee Name) _____ (D.O.B.) _____ (Social Security Number) _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

Spouse / Next of Kin; _____ Emergency Telephone # _____

Driver's License # _____ Please enter the following change as of; _____ (Effective Date) _____

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> | CHANGE IN NAME/ADDRESS/PHONE/ETC. |
| <input type="checkbox"/> RE-HIRE | <input type="checkbox"/> | RECLASSIFICATION OF JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> | SEPARATION (Eligible for Re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No) |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> | RESIGNATION |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> | RETIREMENT |
| <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> | LAY OFF |
| <input type="checkbox"/> COST-OF-LIVING INCREASE | <input type="checkbox"/> | DISMISSAL |
| <input type="checkbox"/> INITIATE/CHANGE CERTIFICATE PAY | <input type="checkbox"/> | OTHER _____ |

PRESENT STATUS (if new hire, leave blank)	NEW STATUS (after this change)
Category (F/T, P/T, LP, etc.): _____	Category: _____
Class/Title: _____	Class/Title: _____
Group/Step: _____ Salary: _____	Group/Step: _____ Salary: _____
Fund: _____	Fund: _____
Department: _____	Department: _____
Codes (for Human Resources use only) W/Comp: _____ EEOC: _____ U/E: _____	Codes (for Human Resources use only) W/Comp: _____ EEOC: _____ U/E: _____

REMARKS: _____

PRIOR SERVICE: _____

I verify that I have reviewed the foregoing information and have found such action to be in compliance with the County's Policy & Procedure and with this Department's Budget.

Supervisor's Signature Date

I verify that I have reviewed the foregoing information and determined that the appropriately budgeted funds ARE ARE NOT available for this change.

County Auditor Date

The above change IS IS NOT approved by the Commissioners Court.

County Judge Date

(Submit original to Human Resources and retain copy for your records)

REQUEST FOR APPROVAL OF LEAVE

Employee Name: _____ Department: _____
(Please print full name)

- | | |
|---|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Extended Leave | <input type="checkbox"/> Leave With Pay (Excused Absence) |
| <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Civil Leave |
| <input type="checkbox"/> Compensatory Leave | <input type="checkbox"/> Administrative Leave |
| <input type="checkbox"/> Other (Specify) Extra Hrs Worked | <input type="checkbox"/> Injury Leave |

Beginning Date: _____ Date Returning To Work: _____

Total Work Days Absent: _____

Breif Description: _____

Address and Telephone Number While on Leave:

Address: _____

Telephone: _____

Employee Signature Date

Supervisor's Approval Date
(also certifies adequate accrued leave)

County Judge's Approval Date

NOTE: *This form should be submitted in advance of taking any type of leave. However, if emergency circumstances preclude advance submission, this form should be completed and submitted immediately upon return to work.*

SAMPLE "JOB OFFER" LETTER

(Typed on Letterhead)

(Date)

(Applicant's Name
And Address)

Dear _____,

I am pleased to offer you a conditional offer of employment with _____ in the capacity of _____, beginning _____. The position is at Pay Group _____, Step _____, and your salary will be \$_____ per _____. Your appointment is for (Regular Full-Time)(Regular Part-Time)(Labor Pool).* Your work schedule will be _____ through _____, from _____ a.m. to _____ p.m.* Your supervisor will be _____.

Vacation and sick leave and other employee benefits will be provided in accordance with our policies.

Your first salary review will take place _____; your first performance review will occur _____.

I have contacted the Human Resources office with your name and you will need to call to set up an appointment for a drug test and physical. Your conditional offer of employment is pending a negative drug test, physical results, and a psychological evaluation (required for certain positions).

(Insert personal paragraph, if desired).

Please let me know in writing whether this offer is acceptable. (Add sentence on time limit for response, if appropriate or desired.) I hope you will be able to join us, and I look forward to a mutually rewarding future.

Sincerely,

Chief Administrative Officer

*Be sure to note if position is temporary or has fixed ending date.

SAMPLE "NO HIRE" LETTER

(Typed on Letterhead)

(Date)

(Applicant's Name
And Address)

Dear _____,

After careful consideration, another applicant was selected for the
(Class/Title: _____)

Example: 105-Deputy Clerk position available with Polk County
(Department) _____.

We greatly appreciated the response of so many well qualified applicants and your particular effort to inform us of your background and experience.

Again, thank you for the interest you have expressed in our opportunity, and please accept our

Best wishes for the future.

Sincerely,

(Elected Official or Department Head)



SICK LEAVE POOL Contribution Form

TO: PERSONNEL DIRECTOR (Pool Administrator)

FROM: _____ (Employee Name) _____ (Department) _____ (Work Phone)

(Date of Hire) _____ (Social Security #)

I have read and understand the Polk County Sick Leave Pool Policy. I verify that I am eligible to contribute to the Sick Leave Pool and that I have accrued sufficient sick leave hours for the contribution designated below. Please deduct the number of hours designated from my sick leave account and contribute the hours to the Sick Leave Pool to be used as determined by the Sick Leave Pool Committee and the County's policy.

Employees current sick leave acct. balance (as of donation date): _____ (hrs.)

- Number of hours to be contributed;
- 8 hours (1 day)
 - 16 hours (2 days)
 - 24 hours (3 days)

(Employee Signature) _____ (Date)

SUBMIT THIS FORM TO THE PERSONNEL OFFICER. YOU MAY CONSIDER THE CONTRIBUTION APPROVED UNLESS YOU ARE NOTIFIED OF A DISQUALIFICATION OR MODIFICATION TO YOUR SUBMITTAL.

*** THE FOLLOWING IS TO BE COMPLETED BY POOL ADMINISTRATOR:

I verify that I have reviewed the foregoing information and have found ;

The contributing Employee IS / IS NOT a regular full-time employee with at least twelve (12) months of continuous service AND;

The contributing Employee HAS NOT / HAS previous contributed to the pool in the current fiscal year AND;

The contributing Employee DOES / DOES NOT have the designated number of hours available in his/her sick leave account

Therefore , this contribution IS / IS NOT approved.

Pool Administrator (Personnel Officer) _____ Date



*SICK LEAVE POOL
Medical Certification Form*

TO: PERSONNEL DIRECTOR (Pool Administrator)

FROM: _____
(Name of Medical Care Provider) (Specialty)

(Address) (City) (Phone) (Fax)

Patient Name) (Relationship to Employee) (Employee Name, if other than patient)

- catastrophic illness, injury, or physical or mental condition may include complications involving one or more of the following:
- Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such care;
 - Incapacity due to complications from pregnancy or childbirth;
 - Permanent/long-term incapacity requiring supervision due to a condition for which treatment may not be effective (Alzheimer's disease, a severe stroke, the terminal stages of a disease);
 - Multiple treatments by a medical care provider for non-chronic conditions (including recovery therefrom), such as cancer (chemotherapy, radiation) or organ transplant.

the purposes of this policy, the following are not classified as catastrophic injury or illness:

- Elective surgery;
- Injuries or illnesses which are 1) sustained while in the course of employment with an organization other than Polk County; 2) a result of or acquired in the commission of a felony, while participating in a riot, or an act of war; or 3) voluntarily self-inflicted.

NATURE OF CATASTROPHIC ILLNESS / INJURY: _____

DIAGNOSIS: _____

EXPECTED DURATION: _____

Verify that this catastrophic illness or injury is a personal illness, injury or physical or mental condition suffered by the employee or a member of the employee's immediate family that involves continued treatment by a medical care provider for chronic or long-term medical conditions that are incurable or so serious that the employee is required to be absent from his or her place of work for the period stated above due to the catastrophic illness or injury.

Signature of Medical Care Provider) (Date)

MIT THIS FORM ALONG WITH ANY REQUEST FOR COUNTY SICK POOL LEAVE TO THE PERSONNEL DIRECTOR. THE COUNTY MAY - AT ANY TIME - REQUIRE ADDITIONAL CERTIFICATION OF THE STATUS OF CATASTROPHIC ILLNESS/ INJURY.



SICK LEAVE POOL
Request for Leave

TO: PERSONNEL DIRECTOR (Pool Administrator)

(Please print clearly)

FROM: _____
(Employee Name) (Department) (Social Security Number)

(Address) (City) (Home Phone) (other # where you can be reached)

DATE OF HIRE: _____ DEPARTMENT: _____ SUPERVISOR: _____

Pool Leave Request: Starting date for use of Pool Leave: _____

Ending date for use of Pool Leave: _____

Amount of Pool Leave Requested (Hours): _____
[not to exceed 720 hours (90 working days), or 1/3 of the pool balance, whichever is less]

(If applicable) did the injury occur in the course of your employment with Polk County ? YES NO

Are you currently receiving Worker's Compensation payments ? YES NO

Employee has been absent from work on a continuous basis from _____ to _____, for a total of thirty (30) consecutive calendar days.

Current Leave Balances (as of date of request):

sick _____ vacation _____ holiday _____ personal _____ emergency _____ compensatory _____

Explanation of catastrophic illness/injury; _____

I have read and understand the Polk County Sick Leave Pool Policy. By signing below, I verify that all information on this form is true and correct.

(Employee Signature) (Date)

(Supervisor Signature) (Date)

ATTACH THE REQUIRED MEDICAL CERTIFICATION AND SUBMIT THIS FORM TO THE PERSONNEL OFFICER. YOU WILL BE NOTIFIED OF THE STATUS OF YOUR REQUEST WITHIN 5 BUSINESS DAYS.

Received By: _____ Date: _____ Eligible / Not Eligible Hours approved: _____

EXPLANATION OF DETERMINATION:

The Sick Leave Pool Committee convened on _____, 199__ and, after reviewing the foregoing request and any supplemental information required, has found;

_____ The Employee's sick leave account shall be credited with the amount of sick leave pool leave requested.

_____ Based upon the information provided, The Committee has approved _____ days(_____ hrs.) of sick leave pool leave to be credited to the Employee's sick leave account.

The Employee shall notify the Personnel Officer on a weekly / bi-weekly basis as to the expected date of return and, upon return of the Employee, any unused sick leave pool leave shall be returned to the pool. The County may - at any time - require additional certification of the status of the catastrophic illness/ injury.

* The Employee's request is denied due to one or more of the following;

- _____ Employee has not been continuously employed with Polk County for at least 12 months;
- _____ Employee not been absent for a period of 30 consecutive calendar days due to the catastrophic event;
- _____ Employee still has accrued time in his or her paid leave and compensatory time balances;
- _____ Employee has not suffered a catastrophic injury or illness as specified in this policy;
- _____ Employee has already used the maximum Sick Leave Pool leave allowable for the current fiscal year;
- _____ The injury, illness, or condition was obtained in the course of employment with an organization other than Polk County;
- _____ Employee was injured in the course of Polk County employment and is currently receiving workers' compensation benefits;
- _____ An individual other than the employee suffering the catastrophic event is not a member of the employee's immediate family, as defined within this policy; or
- _____ Insufficient leave time is available in the County Sick Leave Pool.
- _____ OTHER: _____

Pool Administrator (Personnel Officer)

Date

NOTE: Any granted, unused County Sick Leave Pool leave will revert to the pool in the event of:

- Employee's return to work in a full-duty status; _____(DATE) _____(Hrs. Ret.)
- Employee's return to work in a light, modified, or alternate-duty status; _____(DATE) _____(Hrs. Ret.)
- Employee's non-disability or disability retirement; _____(DATE) _____(Hrs. Ret.) or
- Employee's death _____(DATE) _____(Hrs. Ret.).

Use of pool leave is not intended for postponing retirement or separation from county employment. An employee absent on pool leave is treated for all purposes as if the employee were absent on earned sick leave and will continue to accrue vacation leave, sick leave, and longevity, provided the employee returns to work following the pool leave. The estate of a deceased employee is not entitled to payment for unused pool leave transferred to the employee from the County Sick Leave Pool. The Commissioners Court may terminate the County Sick Leave Pool Program at any time for any reason.

TEMPORARY EMPLOYEE CERTIFICATION FORM

I, the undersigned, do hereby certify that I have accepted a temporary position with Polk County, in the capacity of _____ beginning date of _____ ending date of _____.

I understand that I am not entitled to retirement, sick leave, vacation leave, or any of the other benefits which are available to regular employees. I also understand that my employment can be terminated at any time with or without cause.

Employee's Signature

Date

**POLK COUNTY AUDITOR'S OFFICE
TRAINING/PROFESSIONAL DEVELOPMENT REQUEST FORM**

Employee Name: _____ Title: _____ Date: _____

TRAINING/PROFESSIONAL DEVELOPMENT REQUEST FOR:

Name of School/Seminar: _____
Training Sponsored by: _____
Type of School/Organization: _____
Location of School/Seminar: _____

State Accredited? Yes No

By Which State Agency/Institution? _____

EXPENSES

Travel:

Air fare \$ _____

Auto (_____ miles at _____ per mile _____)

Lodging _____

Meals _____

Registration, Tuition, or Fees _____

Other: _____

ESTIMATED TOTAL EXPENSES \$ _____

DATE SUBMITTED AND AUTHORIZATION:

Date Submitted: _____ (Must be submitted at least 30 days prior to school/training)

Recommended Not Recommended

(Supervisor's Signature)

(Date)

Recommended Not Recommended

County Judge (if employee is appointed Dept. Head)

(Date)

POLK COUNTY AUDITOR'S OFFICE
TRAVEL ADVANCE REQUEST FORM

Name: _____ Title: _____ Date: _____

TRAVEL ADVANCE REQUEST FOR:

Purpose of Travel: _____

Location: _____

Date(s): _____

Expected Date of Return: _____

ESTIMATED EXPENSES

Travel:

Air fare \$ _____

Auto (_____ miles at _____ per mile _____

Lodging _____

Meals _____

Registration, Tuition, or Fees _____

Other: _____

ESTIMATED TOTAL EXPENSES \$ _____

ADVANCE AMOUNT REQUESTED \$ _____

AUTHORIZATION:

Authorization for advance travel allowance in the amount of \$ _____ is granted to _____ for reason(s) stated above. Employee understands that proper documentation of actual travel expenses incurred must be reported as required upon return to work; and if actual expenses are less than the advance, the difference must be refunded upon the employee's return.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

**POLK COUNTY AUDITOR'S OFFICE
TRAVEL VOUCHER**

PAY TO: _____

DEPARTMENT: _____

DATES COVERED: FROM: _____ TO: _____

TIME: LEAVE TIME: _____ RETURN TIME: _____

MILEAGE: START: _____ STOP: _____

ITINERARY: _____

ALL CLAIMS FOR REIMBURSEMENT MUST HAVE DETAILED RECEIPTS

EXPENDITURE:	AMOUNT
FARES - PUBLIC TRANSPORTATION	
PERSONAL CAR MILEAGE	-
MEALS AND LODGING	
PER DIEM	
OTHER EXPENSE	
TOTAL	-

I certify that the expense account above rendered totaling \$ _____ is true and correct.

Signature of Claimant _____

Agency Approval _____ Date Approved for Payment _____ 20____

_____ Department Head

_____ County Judge

_____ County Auditor

NOTE: Do not charge such items as miscellaneous, incidentals or unauthorized expenses, as they will not be approved. ALL CLAIMS MUST BE SIGNED BY DEPARTMENT HEAD.

***** VOLUNTARY AFFIRMATIVE ACTION INFORMATION *****

POLK COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME _____
LAST FIRST M.I.

ADDRESS _____ PHONE _____

POSITION APPLIED FOR _____

DATE OF APPLICATION _____ SOCIAL SECURITY _____ - _____ - _____

SEX: MALE FEMALE BIRTHDATE ____/____/____ AGE: _____
MO. DAY YEAR

CHECK ALL THAT APPLY: DISABLED VETERAN VIET-NAM ERA VETERAN

YOUR RACE/ETHNIC GROUP - CHECK ONE:

AMERICAN INDIAN _____ (Indicate Tribal Affiliation) _____
ASIAN OR PACIFIC ISLANDER _____ BLACK (Non-Hispanic) _____ ALASKAN NATIVE _____
HISPANIC _____ WHITE (Non-Hispanic) _____ OTHER (Specify) _____

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE POLK COUNTY? (CHECK ONE)

FRIEND/RELATIVE _____ NEWS MEDIA AD _____ PRIVATE EMPLOYMENT AGENCY _____

POLK COUNTY'S WEBSITE _____ STATE EMPLOYMENT REFERRAL _____

OTHER (Please Specify) _____

***** NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY *****

WARNING OF UNSATISFACTORY JOB PERFORMANCE

EMPLOYEE NAME _____

NAME OF DEPARTMENT _____

NATURE OF VIOLATION

Insubordination

Absence Without Leave *(Includes repeated tardiness or early departure and failure to notify Supervisor of sick leave)*

Endangering Safety of Self or Others

Intoxication or Drug Abuse (including inhalants)

Unauthorized Use of Public Funds or Property

Violation of Personnel Policies

Violation of the Sexual Harassment Policy

Conviction of Felony or of Official Misconduct

Falsification of Documents or Records

Unauthorized Use of Official Information

Unauthorized or Abusive Use of Official Authority

Incompetence or Neglect of Duty

Disruptive Behavior

Other _____

SUPERVISOR'S EXPLANATION OF INCIDENT(S)

Has employee been warned previously: Yes No

Date(s) of Warning(s) 1st _____ 2nd _____ 3rd _____

Supervisor's Signature _____ Date _____

NOTICE TO EMPLOYEE

A copy of this warning will be placed in your personnel file. Further infractions of this nature may result in disciplinary action up and including dismissal. Any comments you may have regarding this infraction may be put in writing and submitted to your supervisor for transmittal to your personnel file.

Employee's Signature _____ Date _____

Job Description: BAILIFF

CLASS NO. 1063

EEOC CATEGORY: Protective Service Workers

PAY GROUP: 18

FLSA: Non-exempt

SUMMARY OF POSITION:

Assists judge in administering courtroom procedure and maintaining order in the courtroom.

ORGANIZATIONAL RELATIONSHIPS:

1. Reports to: Head Bailiff.
2. Directs: This is a non-supervisory position.
3. Other: Has frequent contact with District Attorney's Office, Sheriff's Department, juries, and the general public.

EXAMPLES OF WORK:

Essential Duties*

Supplies copies of court schedules to appropriate parties;

Instructs spectators, prospective jurors, and jurors regarding their conduct in the courtroom;

Calls witnesses to the stand;

Escorts jurors to and from jury box and ensures that all parties and counsels involved in a cases are present before the proceedings begin;

Escorts persons found in contempt of court from the courtroom and holds them in custody until picked up by a Deputy Sheriff;

Assists judge in maintaining order in the courtroom;

Occasionally transports prisoners to and from courtroom;

Assists in administering the jury selection process;

Attends to needs of jurors during deliberations; and

*for the purpose of compliance with the Americans With Disabilities Act (ADA)
This job description does not take into account potential reasonable accommodations.

CLASS NO. 1063 (Continued)

Other Important Duties*

Performs such other duties as may be assigned.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge of: courtroom procedure and activities.

Ability to: understand and follow written and oral instructions, rules, regulations, and laws; establish and maintain effective working relationships with other county employees and persons of widely divergent backgrounds; maintain order in difficult situations; communicate effectively, both orally and in writing; and maintain appropriate necessary certifications.

ACCEPTABLE EXPERIENCE AND TRAINING:

High school graduation, or its equivalent, and at least one year of experience in a courtroom, a court clerk's office, or a law enforcement agency;

or any equivalent combination of experience and training which provides the required knowledge, skills, and abilities.

CERTIFICATES AND LICENSES REQUIRED:

Basic certification by the Texas Commission on Law Enforcement Officer Standards and Education at the time of hire or within six months of employment, and appropriate Texas Driver's License.