



NOTICE TO APPLICANTS

Calhoun County Board of County Commissioners is an affirmative action equal opportunity employer and will not discriminate on account of race, national origin, color, religion, political affiliation, marital status, age, disability, sex, sexual orientation, gender identity, or genetic information. The Human Resources Department has been designated EEO Officer to coordinate compliance with the nondiscrimination requirements.

It is the intent of Calhoun County Board of County Commissioners to comply with the mandates of the Americans with Disabilities Act. In that regard, disabled individuals are encouraged to apply for positions and the BOCC will reasonably accommodate such individuals, both in any pre-employment testing and/or with respect to the position. If special assistance is needed in the application process, please feel free to contact the Human Resources Department.

Applications must be submitted by the closing date. Applications will remain in an active status until the position is filled, at which time they will expire. A completed application form will be required for each position.

Your opportunity for employment with Calhoun County Board of County Commissioners begins with the accuracy and completeness of your application. The application form must be completed and each question answered. It is to your advantage to fill it out in as much detail as you can. We cannot accurately evaluate your qualifications without a thorough employment history; if additional space is needed, you may attach a plain sheet of paper or a resume. **Please read the job announcement carefully as you must meet the minimum qualifications for the position in order to be considered.**

All new applicants tentatively selected will be required to submit to urinalysis to screen for illegal drug use prior to appointment. Please read the Applicant's Certification and Statement carefully and sign (do not print, use a script signature) and date the form.

The Equal Opportunity information is on a voluntary basis. This information will not be used when making an employment decision.

Our office hours are 8:00 a.m. to 4:00 p.m. C.D.T., Monday through Friday. Our telephone number is (850) 674-3966. Our mailing address is Calhoun County Board of County Commissioners, Attention: Human Resources 20859 Central Ave. E, Room G40 Blountstown, FL 32424. If you have any questions, please do not hesitate to call.

Thank you for considering employment with Calhoun County Board of County Commissioners.

EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the BOCC has the same right. No one other than the Chairman of the BOCC has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the BOCC reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the BOCC may contact my previous employers and I authorize those employers to disclose to the BOCC all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the BOCC. I also authorize the BOCC to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any BOCC responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that, if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the BOCC may obtain a consumer report or reports on me. I authorize the BOCC to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the BOCC to conduct electronic inquiry related to my background, including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

AFTER COMPLETION RETURN TO:
CALHOUN COUNTY BOARD OF COUNTY COMMISSIONERS
employment@calhouncountygov.com
20859 Central Ave, East. Room G4 Blountstown. FL 32424

APPLICATION FOR EMPLOYMENT

Although we welcome your resume as an addendum, your resume will not substitute for completion of the application. To be eligible for consideration, please fill out all sections of the application.

Name: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone #: _____ Work Phone #: _____

Position for which applying: _____ Have you carefully read the job description? Yes No

Can you perform all the essential functions of the job for which you have applied? Yes No

If no, or if accommodation is required, please explain: _____

Have you ever been employed by Calhoun County Government? Yes No

If yes, indicate department(s), division(s) and reason for leaving: _____

Are you legally authorized to work in the US? Yes No Are you at least 18 years of age? Yes No

Have you ever been discharged for any reason from any job? Yes No

If yes, please explain: _____

Education – indicate highest grade completed ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 Did you graduate? Yes No

Name & location of last school attended: _____

List Names of Colleges, Business, Trade or Vocational Schools attended: _____

School Name	Major Field of Study	Did you graduate?	Specify Degree	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

VETERANS' PREFERENCE CLAIM - Some positions may be exempt from veterans' preference as defined by Chapter 55A-7, Rules of Florida Department of Veterans' Affairs.

If eligible, which Veterans' Preference category are you claiming?

(Please indicate number from Veterans' Preference Information Sheet - See page 9)

Branch of Service _____ Dates of service _____ to _____

Type of Discharge _____

ADD214 or comparable document indicating the character of service, which serves as a certificate of release or discharge. must be furnished at the time of application. In addition, applicants claiming categories 1. 2. 3. or 5 must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013. F.A.C. Wartime periods are defined in §1.01. F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given to those persons in categories 1. 2. 3. and then those in categories 4 and 5. Veterans' Preference is only available to Florida residents.

Have you ever been employed by any governmental entity within the State of Florida, excluding the Federal Government?

☐ Yes ☐ No

Are you a resident of the State of Florida?

☐ Yes ☐ No

List all prior employment. Start with your present position and work backwards. Account for periods of unemployment in separate blocks in order.

Employer's Name		From (Month/Year)	
Employer's Address		To (Month/Year)	
Hours per week	Job Title	Salary: Begin	End
Number of employees you supervised:	Job duties:		
Supervisor's Information:			
Name:	Title:	Phone:	
Reason for leaving:			

Employer's Name		From (Month/Year)	
Employer's Address		To (Month/Year)	
Hours per week	Job Title	Salary: Begin	End
Number of employees you supervised:	Job duties:		
Supervisor's Information:			
Name:	Title:	Phone:	
Reason for leaving:			

Employer's Name		From (Month/Year)	
Employer's Address		To (Month/Year)	
Hours per week	Job Title	Salary: Begin	End
Number of employees you supervised:	Job duties:		
Supervisor's Information:			
Name:	Title:	Phone:	
Reason for leaving:			

Employer's Name		From (Month/Year)	
Employer's Address		To (Month/Year)	
Hours per week	Job Title	Salary: Begin	End
Number of employees you supervised:	Job duties:		
Supervisor's Information:			
Name:	Title:	Phone:	
Reason for leaving:			

Employer's Name		From (Month/Year)	
Employer's Address		To (Month/Year)	
Hours per week	Job Title	Salary: Begin	End
Number of employees you supervised:	Job duties:		
Supervisor's Information:			
Name:	Title:	Phone:	
Reason for leaving:			

CALHOUN COUNTY APPLICATION FOR EMPLOYMENT SUPPLEMENT

Name _____ Social Security # _____

Do you have a valid Driver's License? No _____ Yes _____ Specify State _____

Specify Class _____ Driver License Number _____

List any endorsements _____

If you are a male between the ages of 18 and 26, have you registered with the U.S. Selective Service System or are you exempt from such registration?

No _____ Yes _____ Not Applicable _____

Do you have any relatives employed by Calhoun County? No _____ Yes _____ If yes, please complete

NAME	RELATIONSHIP	DEPARTMENT
------	--------------	------------

Have you ever been convicted of a crime? No _____ Yes _____ If yes, please provide the following information:
nature of the crime, the date of conviction, where the conviction occurred and the sentence or penalty imposed. Please provide any additional information
as to the conviction that you feel would assist us in evaluating you for the position applied.

Details: _____

Have you ever been accused of committing an intentional tort? No _____ Yes _____ If yes, please provide the details of the intentional
tort, when you were accused, where you were accused and its disposition. An intentional tort is a wrongful act committed against the person, reputation
or property of another.

Details: _____

LAW ENFORCEMENT BACKGROUND

Are you a current or former law enforcement officer, other employee** or the spouse or child of one who is exempt from public records disclosure under

§119.07(3)(i)1.F.S.? No _____ Yes _____

* other covered jobs include: correctional and correctional probation officers, certified firefighters, county and municipal code inspectors and code
enforcement officers, judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the
Department of Health, Department of Children and Family Services, and Department of Revenue (See §119.07(3)(i)1.F.S.).

PERSONAL REFERENCES

Name	Business or Home Address	Phone Number
------	--------------------------	--------------

(Do not list former employers or relatives)

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND STATEMENT

Calhoun County Board of County Commissioners is an affirmative action, equal opportunity employer that always employs the best-qualified individual for the job based on job-related qualifications, and regardless of race, color, national origin, religion, disability, marital status, age, sex, sexual orientation, gender identity, genetic information, or other protected status under federal, state or local law

It is the intent of Calhoun County BOCC to comply with the mandates of the Americans with Disabilities Act. In that regard, disabled individuals are encouraged to apply for positions and the County will reasonably accommodate such individuals, both in any pre-employment testing and or with respect to the job applied for. If special assistance is needed in the application process, please feel free to contact the Human Resources Department.

As a condition of employment with Calhoun County BOCC, all males between the ages of 18-26 years of age shall be required to show proof of selective service registration or exemption prior to being employed with the Calhoun County BOCC. This requirement also applies to current employees selected to fill vacant positions. For more information or to register, contact your local U.S. Post Office or the Selective Service System at <http://www.sss.gov>.

I hereby certify that all statements made hereon and attached hereto are correct to the best of my knowledge, and understand that any false statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I agree, if hired, to abide by all policies, rules, and regulations of Calhoun County BOCC.

Permission is hereby granted to Calhoun County BOCC to investigate my personal history, conduct a criminal background check, and solicit statements from any person or organization with which I have ever been associated. In consideration of the receipt of this application by Calhoun County BOCC, I hereby release Calhoun County BOCC and all persons or organizations from any liability arising from such statements, their solicitation or use. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies. I understand that my employment is contingent upon accuracy of the information contained herein, and that if I am employed, the information given in this application will be used as part of my personnel records.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

APPLICANT: PLEASE DO NOT WRITE IN THIS SECTION

Qualified: _____ Not Qualified: _____

Initial & Date: _____

Selected: _____ Not Selected: _____ Disability: _____

Included with application: DD214, High School Diploma, GED Certificate, CPA or other certification, Basic Recruit Certificate, Name Change Documentation

EQUAL EMPLOYMENT OPPORTUNITY APPLICANT SURVEY INFORMATION

The following information is requested on a voluntary basis. This information will be used for research, analysis, and to evaluate the effectiveness of our recruiting efforts. The information in no way affects you as an individual applicant and will not be used in making an employment decision.

Position Applied for:

Age _____

Date of Birth

Please check the category which applies:

Sex - Male

Female

Race/Ethnic Identification - White

Black

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

How did you learn about this job?

Walk in

Other Agency (please specify)

Newspaper or Periodical

County employee

Internet

Other (please specify)

CALHOUN COUNTY APPLICATION FOR EMPLOYMENT SUPPLEMENT

Name _____ Social Security # _____

List any professional or occupational licenses or certificates you possess. _____

OFFICE SKILLS - Please Indicate areas of competency:

<input type="checkbox"/> Calculator	Filing	Typing _____wpm
<input type="checkbox"/> Dictaphone	Switchboard	Shorthand _____wpm
<input type="checkbox"/> Computers: Types(s)		

Software: _____

OTHER SKILL AREAS - Please be specific: _____



VETERANS' PREFERENCE CERTIFICATION

Date: _____

Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

☐ (a) A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or

2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

☐ (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

☐ (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

☐ (d) The unremarried widow or widower of a veteran who died of a service-connected disability.

☐ (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

☐ (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

☐ (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at payroll@calhounclerk.com Dara.Schamens@674-4545, if you have any questions.

This statement is true to the best of my knowledge and belief.

By _____

Printed Name

Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by Unremarried Widow or Widower:

I certify that I, _____, was married to _____
a member of _____ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

Signature of Widow or Widower Date: _____

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ Date: _____

Printed name: _____

Address: _____

**Certification of Current Member of
Reserve Component of the United States Armed Forces
or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

certify that _____ is a current member of
_____(branch) **Reserve Component of the United States Armed Forces**
or The Florida National Guard (circle one) and is in "Honorable" standing as of this date.

Signature of Immediate Military Supervisor

Date: _____

Supervisor's Printed Name and Rank

Military Supervisor's Telephone Number

To be completed by APPLICANT:

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of _____, honorably
serving, that I intend to continue my military service, and that the following information is
accurate:**

Address: _____

Home/mobile telephone(s): _____

By: _____ Date: _____

Signature of Current Member

Printed name

CALHOUNCOUNTYBOCC DISCLOSURE AND RELEASE FORM

As part of the application process for employment at the **CALHOUN COUNTY BOARD OF COUNTY COMMISSIONERS (BOCC)**, I understand that the BOCC and/or its agents will conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for the **BOCC** and/or agents contracted by the **BOCC** to obtain information.

In addition, I release and discharge the **BOCC**, and all its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment with the **BOCC**. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Applicant's Name

Signature: _____ Date: _____

Date of Birth: _____ (this is used for only criminal and driving records retrieval.)

Maiden Name: _____ Previous Legal Name(s): _____

Social Security Number:

Driver's License Number: _____ State: _____

Current Address:

City State ZIP Length of Residency: ____ years

Previous Address: _____
Street Address City State ZIP

Florida Retirement System (FRS) - Certification Form

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

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

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

STOP HERE

SIGNATURE

DATE

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

- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College System Optional Retirement Program (SCCSORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other

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

SIGNATURE

DATE

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

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

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

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

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

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

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

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

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

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits

ATTACHMENT F

Drug-Free Workplace Policy Summary

Read carefully, answer each question and initial each item separately

I hereby acknowledge that I have received a summary of the County's Drug-Free Workplace Policy.

I agree to read and follow the County's policy.

I know that if I am taking medicine that could affect my ability to perform my job (i.e., there are warning labels on the container), I must inform my supervisor immediately.

I know that if I refuse to submit to job applicant drug test, I will not be hired and my employment is conditioned upon a negative drug test result.

I know the total compliance with the County's Drug-Free Workplace Policy is a condition of continued employment.

I know that if I refuse a reasonable suspicion, post-injury, post-accident, random, fitness-for-duty or post-treatment drug or alcohol test, I will lose my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol following the completion of the primary phase of treatment, I will be discharged.

I know that I have the right to challenge any positive test results and that I must notify the laboratory that I am challenging the test results and that I am responsible for any cost associated with the challenge.

I know that if I am convicted of a drug related crime, I will be discharged.

I agree to comply with the drug and alcohol testing requirements of the County's Drug Free Workplace Policy.

I give my informed consent for the release of drug and/or alcohol results to the County.

I know that the County's Drug-Free Workplace Policy does not constitute an employment contract between the County and me.

I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any items that I did not understand. **I have voluntarily signed this form.**

Signature of Employee

Date

Signature of Witness

Date

I hereby **refuse** to submit to a drug test as part of the County's Drug-Free Workplace Program.

Signature of Employee

Date

Signature of Witness

Date