



# BAXTER COUNTY GOVERNMENT

## APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Home Address City State ZIP

Home Phone (include area code) \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_

Have you worked for a county or municipality before?  Yes  No

If "Yes", Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have relatives or friends employed by Baxter County Government?  Yes  No

If "Yes", Who? \_\_\_\_\_

Position/general work area for which you are applying: \_\_\_\_\_

Type of employment you would be willing to work:  Full-Time  Part-Time  Temporary

Rate of pay expected \_\_\_\_\_ Date you can begin work \_\_\_\_\_

Why do you want to work for Baxter County Government? \_\_\_\_\_

### EDUCATION

SCHOOL	NAME	LOCATION (City & State)	COURSE(S) OF STUDY	DEGREE
High School				
College or University				
Technical Institute				
Business School				
Graduate Study				
Other				

Please list any skills or qualifications that you want us to know about. \_\_\_\_\_

Are there any known workplace accommodations you would like for the County to consider at this time?  Yes  No

**U.S. MILITARY RECORD:** Have you ever served in the United States Armed Forces?  Yes  No

If "Yes," please list dates of service: From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If "Yes," please explain \_\_\_\_\_

*Baxter County is an Equal Opportunity Employer*

**EMPLOYMENT BACKGROUND**

Start with your current or most recent job and work backwards. Please list each employer for the past 10 years and account for all gaps. Attach additional sheets if necessary.

Job 1	COMPANY NAME _____ Address _____ Type of Business _____ Employed from ____/____/____ to ____/____/____ Starting Salary: \$ _____ hour / year (circle one)    Ending Salary: \$ _____ hour / year (circle one) Job Title _____ Duties _____ _____ Reason for Leaving _____ Immediate Supervisor _____ Phone Number _____ May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job 2	COMPANY NAME _____ Address _____ Type of Business _____ Employed from ____/____/____ to ____/____/____ Starting Salary: \$ _____ hour / year (circle one)    Ending Salary: \$ _____ hour / year (circle one) Job Title _____ Duties _____ _____ Reason for Leaving _____ Immediate Supervisor _____ Phone Number _____ May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job 3	COMPANY NAME _____ Address _____ Type of Business _____ Employed from ____/____/____ to ____/____/____ Starting Salary: \$ _____ hour / year (circle one)    Ending Salary: \$ _____ hour / year (circle one) Job Title _____ Duties _____ _____ Reason for Leaving _____ Immediate Supervisor _____ Phone Number _____ May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job 4	COMPANY NAME _____ Address _____ Type of Business _____ Employed from ____/____/____ to ____/____/____ Starting Salary: \$ _____ hour / year (circle one)    Ending Salary: \$ _____ hour / year (circle one) Job Title _____ Duties _____ _____ Reason for Leaving _____ Immediate Supervisor _____ Phone Number _____ May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION.**

I authorize the County to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the County from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the County. I understand that any false or misleading statements will be sufficient cause for rejection of my application if the County has not employed me and for immediate dismissal if the County has employed me. In the event I am employed with the County, I will comply with all official policies of the County set forth in any County policy manual or other communications distributed by the County. Persons desiring to become full-time employees must be at least eighteen (18) years of age.

**By signing this employment application, I certify that I am in compliance with the Military Selective Service Act.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# BAXTER COUNTY GOVERNMENT

## NOTICE TO APPLICANTS

### 1. COUNTY POLICY

It is the County's policy to provide equal opportunity for all qualified persons; to prohibit unlawful discrimination in employment practices, compensation practices, personnel procedures and the administration of benefit plans; and to otherwise provide the same or similar treatment and opportunities to all persons similarly situated.

### 2. CONSTITUTIONALLY PROTECTED CONDUCT

- A. It is the policy of this County not to violate the Constitution or the laws of the State of Arkansas or the United States.
- B. Should any applicant contend that he or she has been unlawfully discriminated against because of the race, color, religion, gender, national origin or disability, or that he/she has been unlawfully punished for the exercise of a constitutionally protected liberty right (e.g., free speech, free association, political patronage, access to courts, privacy, etc.) or treated in any other unlawful or unconstitutional manner, the applicant shall request, in the time and manner set forth in this County Employment Policy, a "liberty right" hearing before the County Grievance Committee to provide the County's final policymaker with authority an opportunity to learn of the alleged unlawful discrimination or unlawful punishment and to thereby have an opportunity to voluntarily conform the conduct of County Officials and County Employees to the requirements of County policy.

### 3. GRIEVANCE HEARING PROCEDURE

**CAVEAT:** The purpose of the Grievance Hearing Procedure is to establish a required procedure to resolve applicant grievances and to thereby enable the County to voluntarily conform the conduct of County Officials and County Employees to the requirements of County policy. If the applicant does not follow this affirmatively required County Grievance Procedure, the County will raise waiver and estoppels as affirmative defenses to any claims against the County filed by the applicant via any administrative or judicial procedures otherwise available to redress grievances.

#### A. Timely Requests for Grievance Hearing

- 1. The applicant's grievance hearing request shall be delivered to the County Grievance Committee in care of the County Judge no later than four-thirty o'clock (4:30) p.m. on the third full business day (weekends and holidays excluded) after any claimed deprivation for which a grievance hearing is requested.
- 2. The Grievance Committee shall respond in writing to all timely submitted grievance hearing requests stating: (a) the time and place of the hearing, if the hearing request is granted; and (b) the reason for denial, if the hearing request is denied.

#### B. Hearing Issues and Burdens of Proof

- 1. Claims of Discrimination due to Race, Color, Religion, Gender or National Origin
  - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is being treated or effected differently than another person who, other than for race, color, religion, gender, or national origin, is similarly situated with the applicant or the employee.
  - b. Where the applicant meets his or her burden of proof, the supervisory official has the burden of proving by a preponderance of the evidence that the proven inequality of treatment is necessary to effectuate a compelling county objective.
- 2. Claims of Discrimination due to a Disability
  - a. The grieving applicant has the burden of proving by a preponderance of the evidence that he or she is a qualified individual with a disability who, because of the disability, is being treated or effected differently than another person in regard to job application, procedures, advancement, dismissal, compensation, training, or other terms, conditions, or privileges of employment.
  - b. Where the applicant meets his or her burden of proof, the supervisory official has the burden of proving by a preponderance of the evidence that the proven difference in treatment or effect is job-related and necessary to effectuate a legitimate County objective, that performance of the job cannot be accomplished by reasonable accommodation, or that the needed accommodation would result in undue hardship on the County.

c. The following definitions apply to claims of discrimination due to a disability:

*“Disabled” or “Disability”*: A physical or mental impairment that substantially limits one or more of the major life activities of an individual; hearing a record of such as impairment; or being regarded as having such an impairment.

*“Regarded as having such an impairment”*: Includes those with conditions such as obesity or cosmetic disfigurement, and individuals perceived to be at high risk of incurring a work-related injury.

*“Discrimination”* includes:

- (1) Limiting, segregating or classifying a job applicant or employee in a manner that adversely affects his/her opportunities or status;
- (2) Participating in contractual or other arrangements that have the effect of subjecting individuals with disabilities to discrimination;
- (3) Using standards, criteria or methods of administration in such a manner that results in or perpetuates discrimination;
- (4) Imposing or applying tests and other selection criteria that screen out or tend to screen out an individual with a disability or a class of individuals with disabilities unless the test or selection criteria are job-related and consistent with business necessity;
- (5) Failing to make reasonable accommodations to the known limitations of a qualified individual with a disability unless the covered entity can demonstrate that an accommodation would impose an undue hardship on the operation of the business; or
- (6) Denying employment opportunities because a qualified individual with a disability needs reasonable accommodations.

*“Reasonable Accommodation”* examples include:

- (1) Making existing facilities used by employees readily accessible to the disabled;
- (2) Job restructuring;
- (3) Flexible or modified work schedules;
- (4) Reassignments to other positions; and
- (5) The acquisition or modification of equipment or devices.

*“Undue Hardship”*: An action requiring significant difficulty or expense, considering:

- (1) The overall size of the County with respect to the number of employees, number and type of facilities, and size of the budget;
- (2) The type of operation maintained by the County including the composition and structure of the work force of that entity; and
- (3) The nature and cost of the accommodation needed.

*“Qualified Individual with a Disability”*: An individual with a disability who, with or without reasonable accommodation, can perform the “essential functions” of the employment position held or desired.

*“Essential Functions”*: Job tasks that are fundamental but not marginal (not every job task is to be included in determining the essential functions).