



TITUS COUNTY APPLICATION OF EMPLOYMENT

(Please print plainly in ink or type. Note that there is a
"Certification and Agreement" on the last page that you are required to sign.)

Date _____

PERSONAL

Name _____
Last First Middle Initial

Present address _____
No. Street City State County Zip

How many years have you lived at this address _____ Telephone No. () _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this position? _____

Do you want to work: (circle one) Full-time Part-time

Available for: (circle one) 1st Shift 2nd Shift Weekend

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us. _____

If hired, what date will you be available to start work? _____

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces? Yes ___ No ___ If yes, which branch _____

Dates of duty: From _____ To _____
mo/day/yr mo/day/yr

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME, CITY, AND STATE OF SCHOOL	MAJOR COURSE OF STUDY	GRADUATED
High School			
GED			
College			
Graduate			
Business/Trade			

WORK HISTORY (List in order last or present employer first)

Dates Employed	Present/Last Employer	Rate of Pay	Supervisor	Reason for Leaving

Job Title/Summary of Duties

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May we contact the employers listed above? _____ If no, please indicate which one(s) you do not wish us to contact _____

PERSONAL REFERENCES

(Excluding former employers or relatives)

Name	Occupation	Years Known	Telephone Number

Have you been convicted of a felony in the past 7 years? _____ If yes, please describe in full detail _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any false statement or omission of information on this application is sufficient cause for rejecting me for employment with Titus County, or, if I am employed by Titus County, is sufficient cause for dismissal.

You are authorized to make any investigation of my personal, work, criminal background and driver's license check with driving record. I release former employers, their companies and any other parties from all liability for any damages that may result from furnishing information to you concerning me.

In consideration of my employment, I agree to comply with the rules and regulations of Titus County, and agree that my employment can be terminated with or without cause, and with or without notice, at the option of either Titus County or myself.

Signature of Applicant _____ Date _____

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

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

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

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

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

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

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

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

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

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

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

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

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

REQUESTING LEAVE

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

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

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

EMPLOYER RESPONSIBILITIES

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

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

ENFORCEMENT

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

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



For additional information or to file a complaint:

1-866-4-USWAGE

Toll-free: 1-866-457-3336 TTY: 1-877-889-3627

www.dol.gov/whd

U.S. Department of Labor Wage and Hour Division

