

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 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 or 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 this 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 county grievance procedure, the county will raise waiver and estoppel 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 Burden 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 affected 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.

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

- A. "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 an impairment; or being regarded as having such an impairment.
- B. "Regarded as having such an impairment": includes those individuals perceived to be at high risk of incurring a work-related injury.
- C. "Discrimination" includes:
 1. Limiting, segregating, or classifying a job applicant or employee in a manner that adversely affects his or her opportunities or status;
 2. Participating in contractual or other arrangements that have the effect of subjecting individuals with disabilities or 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.
- D. "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 modifications of equipment or devices.
- E. "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.
- F. "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.
- G. "Essential functions": job tasks that are fundamental but not marginal (not every job task is to be included in determining the essential functions).

**ASHLEY COUNTY
EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR COUNTY EMPLOYMENT**

____/____/____
Date of Application

Last Name _____ First Name _____ Middle Name _____ Social Security No. _____

Street Address (includes City, State, and Zip Code) _____ Telephone No. (include Area Code) _____

Are you at least 18 years of age? Yes No *Proof of age will be required upon employment.*

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

Position/general work area for which you are applying: _____

Rate of pay expected _____ Date you can start? _____

FULL TIME PART TIME TEMPORARY

List friends/relatives employed by the county: _____

Why do you want to work for the county? _____

Does applicant understand job requirements of a _____ and

can applicant perform the essential job requirements for that position? Yes No

EDUCATION

| SCHOOL | NAME | LOCATION | COURSE | DEGREE |
|-----------------------|------|----------|--------|--------|
| High School | | | | |
| College or University | | | | |
| Graduate School | | | | |
| Technical Institute | | | | |
| Business School | | | | |
| Other | | | | |

If you have any special skills or qualifications that you want us to know about, please describe them here. _____

U.S. MILITARY RECORD:

Have you served in the United States Armed Forces? Yes No

If yes, please give dates of service: From _____ to _____ Branch: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

EMPLOYMENT BACKGROUND

Start with present or most recent job and work backwards. Omit Military Service. Please list each employer for the past 10 years. Attach additional sheet if necessary.

| | |
|----------------------------|--|
| J O B 1 | FIRM NAME _____ Address _____ Type of Business _____ Employed From: _____ to _____ Annual Salary: Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J O B 2 | FIRM NAME _____ Address _____ Type of Business _____ Employed From: _____ to _____ Annual Salary: Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J O B 3 | FIRM NAME _____ Address _____ Type of Business _____ Employed From: _____ to _____ Annual Salary: Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J O B 4 | FIRM NAME _____ Address _____ Type of Business _____ Employed From: _____ to _____ Annual Salary: Start _____ End _____ Phone # _____ Job Title _____ Describe your duties: _____ Immediate Supervisor: _____ Reason for Leaving _____ May we contact? <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 of my employment 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. I acknowledge receipt of a copy of the attached notice to applicants on this date.

Signature of Applicant

Date