

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

NOTE: A Town application follows on page 2. Federal Regulations require that this form be provided to all job applicants.

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV





TOWN OF SILVERTHORNE APPLICATION FOR EMPLOYMENT

601 Center Circle / P.O. Box 1309
Silverthorne, CO 80498 (970) 262-7300

INSTRUCTIONS FOR COMPLETING APPLICATION

- Answer each question fully and accurately. No action can be taken on this application until you have answered **ALL** questions. *Use blank paper if you do not have enough room on this application.* **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.
- The Town of Silverthorne is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PERSONAL INFORMATION

Last Name First Name Middle Name Today's Date

Present Mailing Address City State Zip Code Telephone Number

Job(s) Applied for _____ What type of employment are you seeking?
 Full-time Part-time 3/4 Time

Seasonal
When could you start work? _____

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.).....Yes No

If hired, can you furnish proof you are eligible to work in the U.S.?Yes No

Have you ever applied here before?.....Yes No If yes, when?_____

Have you been employed by the Town before? Yes No If yes, when?_____

List any relatives employed by the Town or who are elected officials of the Town: _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? . Yes No
If yes, please explain _____

Do you speak ____, read ____, or write ____ any language(s) other than English? Please list:

EDUCATION (Please circle the number of years completed for each.)

High School: 1 2 3 4 College: 1 2 3 4 5 6 7 more than 7

Please list in chronological order, beginning with high school, all schools attended including graduate level courses:

Schools Attended High School, Colleges, Trade Schools	Location	Degree or Certificate Received

SPECIAL SKILLS

What special skills, training, certifications, equipment operations, computer knowledge, or qualifications do you have that are related to the job for which you are applying?

DRIVER'S LICENSE

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Number _____ Class _____ State _____ Expiration _____

Employees applying for positions requiring a Commercial Driver's License (CDL) will need to comply with Federal and State drug and alcohol testing requirements.

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details:

CRIMINAL BACKGROUND

The Town of Silverthorne may check on your criminal background as part of the application process. Please answer the following questions truthfully and completely. A conviction will not necessarily disqualify an applicant for employment. Each case will be given individual consideration based on job-relatedness of the criminal offense involved. However, your failure to truthfully answer these questions may result in your not being hired or in your termination if you are hired. In answering these questions, you may omit only a traffic offense for which the fine was less than \$100, a deferred judgement and sentence or deferred prosecution that was successfully completed, any criminal record that has been sealed or expunged by a court, and/or any juvenile record.

• *Have you ever been convicted of any law violation (including DUI)?*
(Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, please provide the following information with respect to each conviction (use separate piece of paper if necessary):

1. The crime for which you were convicted;
2. The court in which such conviction occurred;
3. The date and place of conviction;
4. The penalty or punishment you received;
5. If you were placed on probation or parole, a statement as to whether such probation or parole was successfully completed; and
6. The name under which convicted (if different from that listed on this application).

• *Are you currently facing a criminal charge of any kind?.....* Yes No

If yes, please provide the following information with respect to each pending charge (use separate piece of paper as needed):

1. The crime for which you are accused; and
2. The court in which such charges are pending.

REFERENCES

Have you worked or attended school under any other names?Yes No

If yes, give names: _____

Are you presently employed?Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign?Yes No

If yes, please explain: _____

Please give three references, which are not relatives or former employers:

Name	Address	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

PLEASE NOTE: SMOKING AND/OR TOBACCO PRODUCTS ARE PROHIBITED IN ALL TOWN BUILDINGS, FACILITIES AND VEHICLES.

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

- I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.
- **For Public Safety Applicants:** I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a psychological examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
- **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____