

I understand and agree that:

1. ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT.
2. It is my understanding that Jackson County Human Resources Office will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Human Resources Office and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by Jackson County at any time without liability for wages or salary except such as may have been earned at the date of such termination. I authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the duties required.
4. I hereby agree that the employees of Jackson County are relieved of any liability for information released concerning my employment to any future employer.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
6. Persons on initial probationary status have no appeal rights.

I further understand that this is an application for employment and that no employment contract is being offered.

DRUG TESTING IS CONDUCTED ON A RANDOM BASIS FOR EMPLOYEES.

I have read and understand the above.

Date: _____

Signature: _____

Jackson County Fire/Rescue Applicants:

As an applicant for Fire and Rescue, I understand that I must be free from the use of tobacco and tobacco products twelve (12) months prior to application for Fire Standards certification.

ARE YOU INTERESTED IN: AUXILIARY FULL TIME BOTH

Date: _____

Signature: _____