EMPLOYEE ACKNOWLEDGEMENT FORM

I acknowledge that I have received, read, and understand the policies outlined in the Jefferson County Employee Policy Handbook. I agree to conform to the rules and regulations of Jefferson County as described in the handbook which is intended as a guide to human resource policies and procedures. I understand that the County has the right to change the handbook without notice. It is understood that future changes in policies and procedures will supersede or eliminate those found in this book, and that employees will be notified of such changes through normal communication channels.

I also understand and agree that the information contained in these materials does not constitute an employment contract between Jefferson County and me, and that either I or Jefferson County may terminate our employment relationship at any time, with or without cause. I understand that no Elected Official or Department Head of Jefferson County, other than the Board of Commissioners, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

_____
Employee Signature

_____
Date

_____
Employee Name (please print)

_____
County Representative

SECTION 39:

ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK

This is to certify that I have read this employee handbook and am familiar with its contents. I understand that it is not a binding contract but a set of guidelines for the implementation of personnel policies. I understand that Jefferson County may modify any of the provisions of this handbook at any time, with or without notice, and may deviate from any provision of this handbook in its sole discretion. I acknowledge that I do not in any way rely upon the provisions of this employee handbook in accepting or continuing my employment with the County.

_____
Employee Signature

_____
Date

_____
Employee Name (please print)

ACKNOWLEGMENT AND CONSENT

I hereby acknowledge having received a copy of the County's Drug-free Workplace Policy. I agree, without reservation, to abide by the policy.

_____
Employee Signature

_____
Date

_____
Employee Name (please print)

VERIFICATION OF APPLICATION FOR EMPLOYMENT
FOR COMPLIANCE WITH PUBLIC NEPOTISM POLICY

I, _____, (printed name), have reviewed the direct line of supervision for the position I am seeking with Jefferson County, Indiana and I am not a relative of any official or employee who will be in my direct line of supervision in the position of _____ . I understand that Relative means my spouse, parent or stepparent, child or stepchild, brother, sister, stepbrother, stepsister, niece, nephew, aunt, uncle, daughter-in-law or son-in-law (including half-bloods and adopted children.)

I hereby verify under the penalty of perjury that the foregoing statements are true.

_____
Employee Signature

_____
Date

_____
Employee Name (please print)