

Applicant's Certification and Agreement Addendum

I hereby certify that all the facts set forth in this application for employment are true and complete to the best of my knowledge. I agree that if that information given in my application, résumé or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of employment or termination of employment with the County. I authorize past employers, references, and any other person to answer all questions asked concerning my employment, education, general reputation, character, personal characteristics, habits and other qualities the County deems pertinent to the assessment of my qualifications for employment and hereby release these individuals from any and all damages arising from furnishing any requested information. Please note that once submitted, this application form becomes property of Klamath County.

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between the County and myself. No promises regarding initial or continued employment have been made to me and I understand that no such promise or guarantee is binding upon the County unless made in writing by an authorized representative. I further understand that as a condition of employment, I may be required to undergo and successfully pass a pre-employment screening for the illegal use of drugs to determine fitness for duty. This may include, but will not be limited to urine, blood, or other examination for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. I also understand that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the County.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the County, which I understand may change at any time, and I understand that my employment and compensation can be terminated with or without cause or notice, at any time during the established probationary employment period, at the option of either the County or myself.

In addition to this employment background investigation, I authorize a screening report into my credit history, criminal history, court records, social security number, address validation, and Department of Motor Vehicles in Oregon and other states if deemed necessary.

Printed Name of Applicant: _____

Social Security Number: _____ DOB: _____

Driver's License Number: _____ State Issued: _____

Address: _____

Any Other Names Used: _____

Applicant's Signature: _____ Date: _____