



BALDWIN COUNTY COMMISSION APPLICATION FOR EMPLOYMENT

Baldwin County Commission is an equal opportunity employer. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Desired	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary/Hourly Rate Desired	Date Available

EDUCATION

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed.						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly/ Semester Hours	Other (Specify)			
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License Class <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			Endorsements:	
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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WORK EXPERIENCE (Most recent first)

Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

If employed by the Baldwin County Commission, I agree to and review and abide by the Alabama Code of Ethics, Section 36-23-1 thru 20, Ala. Code 1975, as the same may be amended, and policies and procedures of the Baldwin County Commission, which includes the Baldwin County Commission's Anti-Harassment policy. I further understand that while in a probationary status, my employment can be terminated, with or without cause or notice, at any time, at the discretion of the Baldwin County Commission or myself. I further understand that no representative of the Baldwin County Commission other than the Personnel Director, Appointing Authority or Appointed Department Head has any authority to enter into any agreement, oral or written, on behalf of the Baldwin County Commission for a term of employment or to make any assurance or promise of continued employment, subject to approval by the Baldwin County Commission.

If employed by the Baldwin County Commission, I understand and agree that I may be required to take a pre-employment drug and alcohol screening test. I also consent to the release of the test results to the Baldwin County Commission for its use, and I understand that any positive drug or alcohol result may preclude my employment. The Baldwin County Commission may conduct a pre-employment background check, including, but not limited to, criminal, drivers' license, and reference checks.

By typing or signing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and I agree that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant _____ Date _____



NEW HIRE CONSENT FORM FOR SUBSTANCE ABUSE SCREENING TEST PRE-EMPLOYMENT PHYSICAL EXAM

It is the policy of Baldwin County that all applicants, who either are likely to be offered employment or who have been extended an offer of employment, undergo a routine pre-employment physical exam.

**Hiring decisions may be based upon the results of medical tests conducted as part of this examination process.*

STATEMENT OF COUNTY POLICY

It is the policy of the County to maintain a safe work environment conducive to effective business operations. The County requires that personnel and operating practices be consistent with the highest standards of health and safety.

Selling, purchasing, using, possessing, or being under the influence of any illegal substance, without medical authorization, during the workday, on the County premises or while conducting county business is inconsistent with the County's business interests and will be grounds for disciplinary action, up to and including termination.

APPLICANT CONSENT

Re: Authorization to Perform the Urine and/or Breath Testing:

I, _____, understand that by accepting employment with Baldwin County Commission, I agree willingly to participate in the urine and/or breath testing program under the provisions set forth on the alcohol and controlled substance abuse policy.

I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed, and my employment offer will be rescinded.

If the test is confirmed as positive, the results will be reported to the Personnel Department. An exception will be made for the use of legally prescribed medications taken under the direction of a physician.

Re: Authorization to Perform the Medical Examinations:

I also hereby authorize and give my consent to a qualified medical representative and/or physician to conduct the above-mentioned physical examination to also include, without limitation, a drug screening urine analysis all as part of the pre-employment requirements of Baldwin County.

I understand that, submitting to such examinations does not guarantee employment with Baldwin County.

I understand that if I decline to sign this consent form and further decline to take the physical exam as has been requested, then the medical examination will not be completed, and an offer of employment will either not be extended or will be withdrawn, if previously made.

Re: Authorization to Release Sensitive Medical Information:

I further authorize Baldwin County's designated physician, medical personnel or testing facility to release to Baldwin County any and all results of such physical examination and testing along with any relevant medical information.

Signature: _____

Print Name: _____

Witness: _____

Date: _____



AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF INFORMATION

Following a conditional offer of employment, and as part of the hiring and employment process and pursuant to its policies, the Baldwin County Commission (the "County") will perform a public record information search and/or an investigative consumer report search on individuals seeking employment with the County. Such individuals will be required to maintain satisfactory criminal history records, pertinent to his or her position, as a condition of employment.

I, _____, hereby authorize and give consent for the Baldwin County Commission to obtain information pertaining to myself. This includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Information
- Social Security Number Verification
- Driver's License Currency and Check
- Driving Record
- Credit History – if applicable to position
- Other Background Information Deemed Necessary by the County.

I understand that this information will be used, in part to determine my eligibility for employment. The records being checked are covered by the Fair Credit Reporting Act (FCRA). The FCRA gives me specific rights in dealing with agencies that provide these reports to the County. Before making any adverse employment action which is based on the information received from a criminal background check, the County will notify me in writing and will provide me with a copy of the report and "A Summary of Your Rights Under The Fair Credit Reporting Act". If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report.

By signing this form, I authorize the Baldwin County Commission to periodically access and review state and federal criminal history records and make reasonable efforts to determine where I have been convicted of, or are pending indictment for, a crime that bears upon my fitness to be employed.

Date

Name of Applicant (Print)

Signature of Applicant

Date of Birth

Social Security Number

Driver's Licenses # / Expiration

Position Applied for

**BALDWIN COUNTY COMMISSION
PERSONNEL APPRAISAL FORM**

Name _____
Employee Number _____
Department _____
Title _____

Current Grade _____
Current Hourly _____
Current Salary _____

Final Score _____
% Increase _____
Proposed Hourly _____
Proposed Salary _____

Evaluation Month _____



BALDWIN
— COUNTY, ALABAMA —

Evaluate the employee on each section of categories related to his/her position. If the category does not represent a function of the position, there is a space provided next to each category to describe any departmental specific function of the job. The department specific box is not mandatory to use, but the manager must be consistent in how similar positions are graded.

Each section has a category named "Other" so the manager can focus on a specific function of the position that is not listed in a category for that section. The "Other" category is not mandatory to use, but the manager must be consistent in how similar positions are graded.

To calculate scores: enter in the score for each category (Example: if an employee receives a score of 3 in a category, type in a 3 in the corresponding score box for that category.) If the category is not applicable to the position and will not receive a score, type in "X" in the "N/A" box. The scores should automatically calculate and average as they are entered in the boxes.

Employee performance based on the following scale:

1 - UNACCEPTABLE - Employees performance on a specific job duty or in an overall rating does not meet the required standards of performance for the position.

2 - NEEDS IMPROVEMENT - Employee that scores a two (2) in any single category or in an overall rating is not fulfilling the responsibilities of the job and needs to be counseled [with a written improvement plan] as to what actions he/she must take to bring their performance up to acceptable standards.

3 - MEETS STANDARDS - Rating indicates that an employee has performed at a level that meets the requirements of the specific duties set forth in their job description in addition to the specific criteria listed on the performance review form as it relates to attendance, work habits and personal traits.

4 - EXCEEDS STANDARDS - Rating indicates that an individual is performing at a level that is above the expected standards of their position which includes, but is not limited to, taking extra initiative, demonstrating an exemplary attitude, demonstrating an ability to think and perform beyond what the job duties and responsibilities call for, willing to take on additional tasks and assignments as requested.

5 - EXCEPTIONAL - Rating includes all of the performance achievements specified in the exceeds standard category, with the inclusion of consistency in performance day in and day out at the elevated level.

**BALDWIN COUNTY COMMISSION
PERSONNEL APPRAISAL FORM**

1. Technical Skills - Effectiveness with which the employee applies job knowledge and skill to job assignments.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. Job Knowledge							
b. Analyzes Problems							
c. Provides Suggestions for Work Improvement							
d. Employs Tools of the Job Competently							
e. Other (be specific if using category)							
							<i>Total Score</i>
							Average Score
Comments:							

2. Quality of Work - Manner in which the employee completes job assignments.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. Accuracy and Precision							
b. Thoroughness/Neatness/Reliability							
c. Responsiveness to Requests							
d. Follow-through/Follow-up							
e. Judgement/Decision Making							
f. Other (be specific if using category)							
							<i>Total Score</i>
							Average Score
Comments							

3. Interpersonal Skills - Effectiveness of the employee's interactions with others and as a team participant.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. With Co-workers							
b. With Supervisors							
c. With Other Staff/Community							
d. Team Contributions							
e. Commitment to Team Success							
f. Other (be specific if using category)							
							<i>Total Score</i>
							Average Score
Comments							

**BALDWIN COUNTY COMMISSION
PERSONNEL APPRAISAL FORM**

4. Quantity of Work - Employee's success in producing the required amount of work.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. Priority Setting							
b. Amount of Work Completed							
c. Work Completed on Schedule							
d. Other (be specific if using category)							
						Total Score	
						Average Score	
Comments							

5. Approach to Work - Characteristics the employee demonstrates while performing job assignments.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. Actively Seeks Ways to Streamline							
b. Processes, Open to New Ideas and Approaches							
c. Shows Initiative							
d. Planning and Organization- Flexible/Adaptable							
e. Commitment to Team Success							
f. Follows Instructions							
g. Attendance							
h. Other (be specific if using category)							
						Total Score	
						Average Score	
Comments							

6. Supervisory Skills - (if applicable to employee) - Applies only to employee who is a Manager or Supervisor.							
Category	Department specific description for each category	N/A	1	2	3	4	5
a. Trains and Develops Staff							
b. Properly Aligns Responsibility & Accountability							
c. Handles Performance Problems with Staff							
d. Instills Pride in Performance, Innovation, and Quality							
e. Welcomes Constructive Criticism							
f. Sets Specific Goals for Staff							
g. Other (be specific if using category)							
						Total Score	
						Average Score	
Comments							

**BALDWIN COUNTY COMMISSION
PERSONNEL APPRAISAL FORM**

Average Scoring

1% COLA received October 1st, plus merit increase below:

Performance Appraisal Score		Merit Increase
<i>From</i>	<i>To</i>	
3.0	3.39	1.50%
3.4	3.79	2.00%
3.8	4.19	2.50%
4.2	4.59	3.00%
4.6	5.0	3.50%

Section 1:

Section 2:

Section 3:

Section 4:

Section 5:

Section 6:

Overall Total Score

**Overall Average
Score**

Additional Comments:

Goals for Upcoming Year:

Employee Comments:

Signatures

Employee

Date

Rater/Supervisor

Date

Department Head

Date

Public Official

Date



**Americans with Disabilities Act of 1990 (ADA)
REASONABLE ACCOMODATION REQUEST FORM**

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain. Yes No

Is your accommodation request time sensitive? If yes, please explain. Yes No

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes No

If *yes*, how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Return this form to the Personnel Director



**BALDWIN COUNTY COMMISSION
EMPLOYEE COUNSELING**

Employee Name: _____ Date of Notice: _____

Employee Number: _____ Department: _____

Details Regarding the Issue:

How the Issue Affects the Work Group:

Causes of the Issue:

Solutions to the Issue:

Actions to be Taken to Correct the Issue: Employee Suggestions

Follow-Up Date to Discuss Improvement:

SIGNING BELOW INDICATES ACKNOWLEDGEMENT OF THE ABOVE CONVERSATION.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Elected Official Signature _____ Date _____



BALDWIN COUNTY COMMISSION NOTICE OF DISCIPLINARY ACTION

Employee Name: _____ Date of Notice: _____

Employee Number: _____ Department: _____

Type of Disciplinary: (Employees have the right to appeal a suspension without pay, termination or involuntary demotion. The employee has one (1) working day to request, in writing, a hearing. **The employee is placed on administrative leave with pay for the one (1) working day in order to decide on the pre-disciplinary hearing.** If the employee does not request a hearing, the proposed discipline will become effective at the end of the one (1) working day period.)

Written Suspension: From _____ To _____

Type of Problem or Violation:

- Absenteeism Poor Work Performance Violation Date: _____
- Tardiness Safety/Carelessness Violation Time: _____
- Insubordination Violation of Company Policy Place violation Occurred: _____
- Other: _____

Details of Occurrence: (Use additional paper if necessary.)

Expected Improvement: (Use additional paper if necessary. Include a clear statement as to the consequences of failing to improve.)

Employee's Statement: (Use additional paper if necessary.)

List All Previous Warnings or Suspensions (when and by whom):

Previous Warning:	1 st Warning	2 nd Warning	3 rd Warning
Date: _____	Date: _____	Date: _____	Date: _____
Written: _____	Written: _____	Written: _____	Written: _____
Suspension: _____	Suspension: _____	Suspension: _____	Suspension: _____

I ACKNOWLEDGE RECEIPT OF THIS DISCIPLINARY ACTION AND THAT ITS CONTENTS HAVE BEEN DISCUSSED WITH ME. I UNDERSTAND THAT MY SIGNATURE DOES NOT NECESSARILY INDICATE AGREEMENT.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Elected Official Signature _____ Date _____

Personnel Representative _____ Date _____



GRIEVANCE APPEAL FORM

On this date, _____, I hereby appeal to the Personnel Board my:

_____ Dismissal

_____ Suspension

_____ Demotion

I, _____ admit the charge/charges brought against me.

_____ deny the charge/charges brought against me.

_____ Other _____

The disciplinary action taken against me should not become effective due to the following reasons:

_____ The action is too severe

_____ I am not guilty of the charges brought against me

_____ Other _____

The relief I seek is: _____

Signature _____

Department _____

Mailing Address (Home) _____

City, State, Zip _____

Telephone _____

Please attach any previous discussions by supervisor or department head that relates to this request.



LEAVE REQUEST

Name _____ Date _____

Department _____ Employee Number _____

Date(s) Requested _____

Type of Leave Requested

Annual Leave _____

Sick Leave _____

PTO Leave _____

Other - Specify _____

Employee's Signature _____

Supervisor's Signature _____

Department Head's Signature _____



ACKNOWLEDGEMENT OF TEMPORARY TRANSITIONAL DUTY AGREEMENT

I have been advised of the physical limitations outlined by the attending physician/medical provider and understand my work restrictions. I further understand that it is my responsibility not to violate these restrictions without specific medical authorization. I further agree that if management asks that I perform duties, which would violate these work restrictions, I will immediately advise my assigned supervisor and/or other management, if necessary, of my physical limitations concerning the requested duties. I understand that these accommodations are temporary and that they may be canceled at any time by the Baldwin County Commission or their designated representative.

I HAVE RECEIVED A COPY OF THE TRANSITIONAL DUTY POLICY, AND AS A PARTICIPANT IN THIS PROGRAM, I WILL ADHERE TO ALL POLICIES AND PROCEDURES.

Restrictions:

This is in effect until the next doctor's appointment on: _____

Injured Employee Signature / Date

Print Injured Employee Name

Direct Supervisor Signature / Date

Risk Manager Signature / Date

Personnel Director Signature / Date

Appointed Dept. Director Signature / Date



MEDICAL TREATMENT WAIVER

Baldwin County Commission is concerned with every employee’s well-being. In the event you elect not to seek medical attention for this alleged Worker’s Compensation Injury, we need to document that the Baldwin County Commission has not influenced, in any way, your decision to not seek treatment.

Employee Name: _____

Date of Injury: _____

Description of Accident: _____

Description of Injury: _____

My signature confirms that I have voluntarily waived medical care due to the injury indicated above. Should it later be determined that I require medical care, I will consult with my Supervisor prior to seeking treatment for this injury, unless emergency treatment is required.

Direct Supervisor Signature / Date

Employee Signature / Date

Risk Manager Signature / Date

Appointed Dept. Director Signature / Date

Personnel Director Signature / Date



Baldwin County Personnel Department

Property Damage / Collision / Injury / Illness Investigation Report

* THIS FORM IS TO BE FILLED OUT IN A TEAM EFFORT BY A SAFETY REPRESENTATIVE, SUPERVISOR, AND RELEVANT PERSONNEL AS NEEDED *

** Please complete only the sections that are applicable to the type of report that you are investigating **

Please X the type of report being completed. (If more than one, please X accordingly)

Property Damage Collision Injury Illness

1.) Employee's Full Name:

2.) Today's Date:

9.) Department:

3.) Employee's Job Title:

10.) Full or Part Time Employee:

4.) Direct Supervisor's Name:

11.) Supervisor's Phone Number:

5.) Location of Incident:

12.) Time of Incident:

6.) Date Incident Occurred:

13.) Time First Reported:

7.) Date First Reported to Supervisor by Employee:

14.) Employee Phone Number:

8.) Days lost at Time of Investigation:

15.) Was medical treatment provided? Yes No

16.) Was the incident a violation of the Personnel Handbook? Yes No

17.) Was proper procedure being followed by the employee? Yes No

18.) Was employee instructed in safe operating procedures? Yes No

19.) Prior discipline for safety procedures? Yes No

20.) Was employee performing his/her regular duty at the time of injury? Yes No

If the answer is no, what was the employee's duties at the time of the injury?

21.) Describe the Equipment, Object or Substance causing incident:

22.) Was the employee provided with the proper safety equipment to safely perform his/her job?

23.) Is this related to manual material handling?

24.) Describe the incident in detail:

25.) Please describe employee injury if applicable:

26.) When did you (the supervisor) first learn of the employee's incident?

Place Employee First & Last Initial Here _____

27.) Name of Witness(es):

28.) Doctor Visit Required: ___ Yes ___ No

29.) Drug Screen Required: ___ Yes ___ No

30.) Drug Screen Performed: ___ Yes ___ No

31.) Contributing Causes (Unsafe acts/conditions contributing to the **injury/illness** (X all that apply).)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Caught Between | <input type="checkbox"/> Pushing | <input type="checkbox"/> Lockout / Tagout | <input type="checkbox"/> Faulty Equipment |
| <input type="checkbox"/> Caught In | <input type="checkbox"/> Pulling | <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Caught Under | <input type="checkbox"/> Lifting | <input type="checkbox"/> Manual Material Handling | <input type="checkbox"/> Motor Vehicle |
| <input type="checkbox"/> Falls Against | <input type="checkbox"/> Struck By | <input type="checkbox"/> Overexertion | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Falls From Elevation | <input type="checkbox"/> Stepped In | <input type="checkbox"/> Temperature Extremes | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Falls Into | <input type="checkbox"/> Stepped On | <input type="checkbox"/> Occupational Health Hazards | <input type="checkbox"/> Shortcuts / Carelessness |
| <input type="checkbox"/> Falls On The Same Level | <input type="checkbox"/> Stepped To | <input type="checkbox"/> Noise | <input type="checkbox"/> Improper Equipment Use |
| <input type="checkbox"/> Jumped On | <input type="checkbox"/> Stepped From | <input type="checkbox"/> Video Display Terminal | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Jumped To | <input type="checkbox"/> Repetitive Motion | <input type="checkbox"/> Lighting | <input type="checkbox"/> Uncontrolled Force |
| <input type="checkbox"/> Jumped From | <input type="checkbox"/> Vibration | <input type="checkbox"/> Guarding | <input type="checkbox"/> Prior Injury |

32.) Could the incident recur: Often Occasionally Rarely

If so, would it possibly be: Very Serious Serious Minor

33.) Please list a valid mailing address for the employee:

34.) Was the proper internal reporting procedure followed by the Employee? Yes No

35.) Was the proper internal reporting procedure followed by the Employee's Supervisor? Yes No Undetermined

36.) Photos taken at scene: Yes No If photos taken, who took them:

37.) Did incident involve an Authorized Motor Vehicle, Off Road Equipment or Both? (Please Explain):

38.) Was Authorized Motor Vehicle or Off-Road Equipment in motion or stopped at the time of the incident?

39.) Was Authorized Motor Vehicle or Off-Road Equipment at an intersection: Yes No

40.) The Authorized Motor Vehicle or Off-Road Equipment was: On Roadway Off Roadway

41.) Environmental Conditions: (Please X all that apply)

- | | | | | |
|------------------------------------|--|---|---|--------------------------------|
| <u>Weather</u> | <u>Surface</u> | <u>Traffic Control</u> | <u>Light</u> | <u># of Roadway Lanes</u> |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Dry | <input type="checkbox"/> Stop Sign | <input type="checkbox"/> Daylight | <input type="checkbox"/> 2 |
| <input type="checkbox"/> Cloudy | <input type="checkbox"/> Wet | <input type="checkbox"/> Yield Sign | <input type="checkbox"/> Dawn | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Raining | <input type="checkbox"/> Icy | <input type="checkbox"/> Traffic Signal | <input type="checkbox"/> Dusk | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Snowing | <input type="checkbox"/> Snow | <input type="checkbox"/> Flagman | <input type="checkbox"/> Unlighted Road | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Foggy | | <input type="checkbox"/> Uncontrolled | <input type="checkbox"/> Lighted Road | <input type="checkbox"/> 6 |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <u>Roadway</u> | <u>Roadway Characteristics</u> | <u>Unusual Road Conditions</u> | | |
| <input type="checkbox"/> Divided | <input type="checkbox"/> Straight & Level | <input type="checkbox"/> Holes / Deep Ruts | | |
| <input type="checkbox"/> Undivided | <input type="checkbox"/> Straight & Grade | <input type="checkbox"/> Obstruction in Road | | |
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Straight & Hill Crest | <input type="checkbox"/> Flooded | | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Curve & Level | <input type="checkbox"/> Construction / Repair Zone | | |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Curve & Grade | <input type="checkbox"/> Reduced Road Width | | |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Curve & Hill Crest | | | |
| <input type="checkbox"/> Other | | | | |

Place Employee First & Last Initial Here _____

42.) County Authorized Motor Vehicle or Off-Road Equipment Information, if applicable.

Vehicle Number: Vin Number:

Year: Make & Model:

Tag Number:

Number of Occupants: # Seated: # Standing: # Injured:

Was Vehicle Towed? Yes No If yes, by whom?:

43.) Type of Collision:

- Other Vehicle Fixed Object Bicyclist Animal Train Off Road Equipment

44.) If any vehicle was involved, please complete the following information: (If more than two vehicles, please use a blank sheet of paper for their information)

- County Owned Non-County Owned

Name of Driver: Phone Number:

Address:

Date of Birth: Sex: M F Driver's License #: Driver's License State:

Of Occupants: Year: Color: Make & Model:

Vin Number: Tag Number: Tag State:

Was Vehicle Towed? Yes No If yes, by whom?

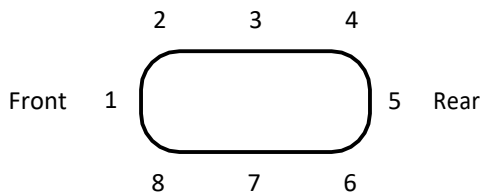
Insurance Company:

Owner of Vehicle (if Different from Driver):

Phone Number: Address:

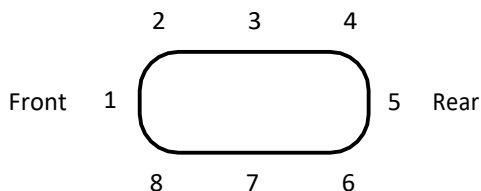
45.) Damage Information: (County Equipment is V1 and other equipment is V2)

Indicate damage on County Vehicle (V1):



- 0 = None
- 9 = Top
- 10 = Under carriage
- 11 = Totaled
- 12 = Other

Indicate damage on Other Vehicle (V2):



- 0 = None
- 9 = Top
- 10 = Under carriage
- 11 = Totaled
- 12 = Other

Place Employee First & Last Initial Here _____

46.) Pre-Incident Movement: (Please X all that apply)

- | | | |
|--------------------------|--------------------------|----------------------|
| V1 | V2/OV | |
| <input type="checkbox"/> | <input type="checkbox"/> | Going Straight Ahead |
| <input type="checkbox"/> | <input type="checkbox"/> | Making Right Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Making Right on Red |
| <input type="checkbox"/> | <input type="checkbox"/> | Making Left Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Making U Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Changing Lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> | <input type="checkbox"/> | Merging |
| <input type="checkbox"/> | <input type="checkbox"/> | Backing |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle was Parked |

- | | | |
|--------------------------|--------------------------|--|
| V1 | V2/OV | |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing Vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | Entering Vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | Slowing or Stopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Stopped at Traffic |
| <input type="checkbox"/> | <input type="checkbox"/> | Parked |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoided Object in Road |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Lights On |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Lights Off |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Flashers / Strobes Light Activated |
| <input type="checkbox"/> | <input type="checkbox"/> | Left Turn Signal On |
| <input type="checkbox"/> | <input type="checkbox"/> | Working on Roadway |

Posted Speed Limit

V1 = MPH
 V2 = MPH

Estimated Speed

V1 = MPH
 V2 = MPH

Direction of Travel

V1 = N S E W
 V2 = N S E W

Pedestrian / Bicyclist Action

- | | |
|---|---|
| <input type="checkbox"/> Crossing with signal | <input type="checkbox"/> Riding / walking along highway with traffic |
| <input type="checkbox"/> Crossing no signal or crosswalk | <input type="checkbox"/> Riding / walking along highway against traffic |
| <input type="checkbox"/> Crossing against signal | <input type="checkbox"/> Emerging from in front / behind parked vehicle |
| <input type="checkbox"/> Crossing no signal or marked crosswalk | <input type="checkbox"/> Getting in / out of vehicle (Not Bus) |
| <input type="checkbox"/> Going to/from stopped bus | <input type="checkbox"/> Pushing / working on roadway |
| <input type="checkbox"/> Other | <input type="checkbox"/> Working on Roadway |

Collision Type

- | | |
|---|---|
| <input type="checkbox"/> Backing | <input type="checkbox"/> Left Mirror |
| <input type="checkbox"/> Head-On | <input type="checkbox"/> Door Operation |
| <input type="checkbox"/> Rear-ends Vehicle | <input type="checkbox"/> Sideswipe |
| <input type="checkbox"/> Right Mirror | <input type="checkbox"/> Passing |
| <input type="checkbox"/> Wheelchair Lift Operations | <input type="checkbox"/> Sudden Stop |
| <input type="checkbox"/> Merging | <input type="checkbox"/> Ran off Road |
| <input type="checkbox"/> Right Angle | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Vehicle Rear-ends Bus | |

47.) Accident History

- Previous Worker's Compensation filed in the last 36 months.
- Previous Property Damage filed in the last 36 months
 - How many at fault.

Police Investigated: Yes No Police Department:

Officer's Name (Badge Number): Report Number:

Citation / Arrest: None Issued Operator 1 Operator 2 Bicyclist Pedestrian

48.) Please explain any other unsafe act(s) or hazardous condition(s) that could have contributed to this incident (give details):

49.) List any corrective action suggested or any action to be taken: **** NOTE ** It is the overall responsibility of the Appointed Department Director to complete or deny Corrective Actions as suggested.**

50.) Person and Job Title to whom corrective action was assigned:

51.) Date corrective action to be completed:

52.) Comments

Direct Supervisor Signature / Date

Employee Signature / Date

Safety Coordinator Signature / Date

Risk Manager Signature / Date

Appointed Department Director Signature / Date

Personnel Director Signature / Date

County Commission Chairman Signature / Date

Place Employee First & Last Initial Here _____



Baldwin County Personnel Department WITNESS INCIDENT / INJURY REPORT

1. Witness Name	
2. Employee Identification	
3. Today's Date	
4. Injured Employee Name	
5. Date of Injury	
6. When did you first observe the incident/injury?	
7. Where were you at the time?	
8. In what part of the body did the injured employee say there was pain?	
9. Did the injured employee continue to work despite the pain?	
10. Has the injured employee ever mentioned this pain before?	
11. Did you see anything strike the injured employee?	
12. Did you see anyone slip or trip?	
13. Was there a sudden stress or strain?	
14. Describe anything unusual that happened or any other comments.	
15. If lifting was involved, please describe the lifting procedure used.	
16. List names of other witnesses.	
17. Was the incident/injury immediately reported to a supervisor? (If so, who?)	
18. In your own words, describe the incident/injury that you saw. Please give as many details as possible and include where the incident occurred. You may provide a sketch as part of your explanation. Please use the back or another sheet of paper if needed for your explanation.	

Please complete this report before you leave the workplace and sign below.

Safety Representative Signature / Date

Witness Signature/ Date

The witness to the incident should fill out this form. If more than one witness, please have each fill out a separate form.



LAST CHANCE ASSISTANCE AGREEMENT

I, _____, hereby voluntarily execute this Last Chance Assistance Agreement (Agreement) with Baldwin County in compliance with the Baldwin County Personnel Handbook (the Handbook).

I understand that, pursuant to the applicable provisions of the Handbook, my continuation as a County employee is conditioned upon my signing this Agreement, upon a drug test conducted before returning to work, upon the recommendation of the MRO and Personnel Director, and upon certification by a physician or licensed counselor that I am able to perform the essential functions of my job.

By this Agreement, I represent that I have voluntarily submitted to the Counseling and/or Rehabilitation for which I requested leave.

I acknowledge and reaffirm that I am now subject to drug testing, which may be required before I return to work from leave and at any time(s) thereafter for a period of two years. This period of drug testing shall not in any manner prevent or otherwise limit the County from the application of other drug testing policies that may be applicable now and following the subject two-year period.

I acknowledge and agree that my violation of the Agreement shall be sufficient grounds for termination.

Employee Signature /Date

State of Alabama)
County of Baldwin)

I, _____, a Notary Public in and for said County, in said State, hereby certify that _____, is the individual whose name is signed to the foregoing Agreement, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she executed the same voluntarily and personally.

Given under my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public

SEAL

My Commission Expires: _____



GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

I, _____, hereby provide consent to the **Baldwin County Commission** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Terms of Consent

I understand that this consent is for an annual, limited query over the duration of my employment with the **Baldwin County Commission**. A limited inquiry consists of an electronic check of the CDL driver's record in the Clearinghouse to determine if there is any information about a resolved or unresolved drug and alcohol program violation but does not release any specific violation information contained in the record.

I understand that if the limited query conducted by the **Baldwin County Commission** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Baldwin County Commission without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the **Baldwin County Commission** to conduct a limited query of the Clearinghouse, the **Baldwin County Commission** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. If a CDL is a requirement of my position, refusal of consent will lead to disciplinary action up to and including termination.

Employee Signature

Date

REQUEST TO RECEIVE LEAVE DONATION

Employee Name _____ Department _____ Hire Date _____

I am requesting _____ days of paid sick leave.

I shall be taking a medical leave of absence between the dates of _____ and _____.

1. _____ I certify that this leave is medically necessary for myself. Attached is a statement from my doctor attesting to the reasons for my disability and the approximate length of time that I will be out of work.

Or:

_____ I certify that this leave is medically necessary for my _____ (spouse, parent, child). Attached is a statement from my family member's doctor attesting the reasons for my relative's disability and the approximate length of time that I will be out of work serving as the primary caregiver to this family member.

2. I certify that I have met all requirements to request assistance. I certify that I have **already exhausted** all other types of paid leave, including sick leave, annual leave, or PTO.

3. I understand that if I leave County employment or return to work on a full-time basis, any unused donated leave will be returned to the donor.

4. I agree to one or both of the following statements (check one or both to indicate agreement):

_____ I am responsible for soliciting leave donations; and/or

_____ I consent to a representative soliciting leave donations on my behalf. I understand that confidential information will be kept confidential.

Employee Signature

Date

By signing the Request to Receive Leave Donation Form, the participant (employee) acknowledges that he/she has read the Leave Donation Policy. The participant (employee) understands, agrees, and acknowledges that any entitlement to benefits will be limited by and determined in accordance with the express provisions of the Leave Donation Policy without the right of appeal. Each participant (employee) indemnifies and holds harmless, the Baldwin County Personnel Director, the Baldwin County Commission, and all employees, directors, officials, representatives, former employees, and insurers for any claim, action, cause of action or demand of whatever nature arising out of or related to any claim for income under the Leave Donation Policy including, but not limited to, decisions made in the administration of the policy, other than benefits expressly provided for in the written Leave Donation Policy provided.



REQUEST TO RECEIVE LEAVE DONATION

DEPARTMENT HEAD COMMENTS

Signature of Department Head _____ Date _____

SICK LEAVE RECOMMENDATION AND DECISION

The Personnel Department decision concerning the above employee's request for donated leave days is as follows:

- _____ The request is approved by the Personnel Department.
- _____ The request is approved by the Personnel Department e, but for _____ days.
- _____ The request is denied by the Personnel Department for the following reason:

Signature of Personnel Director _____ Date _____



LEAVE DONATION FORM

I, the undersigned employee, wish to donate leave to the following employee (please print):

Amount of leave hours to be donated:

_____ Sick leave hours

_____ Annual leave hours

_____ PTO hours

Employee Signature: _____

Printed Name _____

Date: _____

Department: _____

Return completed form to the Personnel Department

Personnel Use:

Received request date:

Is the *recipient* full-time or part-time? FT or PT

Has recipient met the qualifications? Y or N

Is the *donor* full-time or part-time? FT or PT

Does the FT donor have 40 hours of leave time or PT donor have 20 hours of PTO? Y or N

Has the donor met the threshold of donating half of accrued leave for the calendar year? Y or N

Transfer completed _____ By (initial/date) _____