

# 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](http://WWW.WAGEHOUR.DOL.GOV)





*Silverthorne Police Department*

*601 Center Circle \* P. O. Box 1167*

*Silverthorne, CO. 80498*

*970.262.7320 Main \* 970.262.7315 Fax*

*[www.silverthorne.org](http://www.silverthorne.org)*

Dear Applicant:

The Silverthorne Police Department is a progressive agency which exemplifies its core belief in professionalism, integrity, innovation and teamwork. The mission of the Silverthorne Police Department is to enhance the quality of life within the town by working closely with citizens in the development and delivery of professional police services. If you are the type of person who is committed to performing a high quality of service and enjoys a diversity of opportunities and challenges, I invite you to apply for a position with our team.

I look forward to meeting you.

Mark W. Hanschmidt

Chief of Police

*Your Police...Our Community*

## Attachments

Thank you for applying with the Silverthorne Police Department.

Please include the following with your application:

- 1.) Authorization to release information, signed and notarized
- 2.) Copy of high school diploma or G. E. D.
- 3.) Copy of your driver's license
- 4.) Copy of your birth certificate
- 5.) Copy of P.O.S.T. certification
- 6.) Copy of academy graduation certificate
- 7.) If you do not have a P.O.S.T. certificate please include a *Proof of Enrollment* in a state certified police academy
- 8.) DD214 ( if applicable)
- 9.) Any other pertinent training documents

**Personal**

Name			
Last:	First:	Middle:	
Other names you have been known by:			
Current address			
Street:		Apt/Unit #:	
City:	State:	Zip:	
P.O. Box #:	City:	State:	Zip:
Contact Numbers			
Home:	Work:	Cell:	Other:
Are you 21 years of age: (required by law) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email address:			

**References: List five persons not related to you**

*Must have valid phone number of those listed below*

<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Phone #:</b>

**Experience and Employment**

Start with most current and list for the last 10 years. Account for ANY periods of unemployment.  
Attach additional pages if needed

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			
<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>	
<b>Supervisor:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Co-Workers:</b>	
<b>City , State, Zip:</b>		1)	
		2)	
		3)	
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>	
		<b>Final Pay:</b>	
<b>Reason for leaving:</b>			

**Experience and Employment - Continued**

<b>From:</b>			<b>To:</b>			<b>Name of Company:</b>		
<b>Supervisor:</b>						<b>Phone #:</b>		
<b>Address:</b>						<b>Co-Workers:</b>		
<b>City , State, Zip:</b>						1)		
						2)		
						3)		
<b>Duties/Assignments:</b>						<b>Starting Pay:</b>		
						<b>Final Pay:</b>		
<b>Reason for leaving:</b>								
<b>From:</b>			<b>To:</b>			<b>Name of Company:</b>		
<b>Supervisor:</b>						<b>Phone #:</b>		
<b>Address:</b>						<b>Co-Workers:</b>		
<b>City , State, Zip:</b>						1)		
						2)		
						3)		
<b>Duties/Assignments:</b>						<b>Starting Pay:</b>		
						<b>Final Pay:</b>		
<b>Reason for leaving:</b>								
<b>From:</b>			<b>To:</b>			<b>Name of Company:</b>		
<b>Supervisor:</b>						<b>Phone #:</b>		
<b>Address:</b>						<b>Co-Workers:</b>		
<b>City , State, Zip:</b>						1)		
						2)		
						3)		
<b>Duties/Assignments:</b>						<b>Starting Pay:</b>		
						<b>Final Pay:</b>		
<b>Reason for leaving:</b>								

**Experience and Employment – Continued**

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>
<b>Supervisor:</b>		<b>Phone #:</b>
<b>Address:</b>		<b>Co-Workers:</b>
<b>City , State, Zip:</b>		1)
		2)
		3)
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>
		<b>Final Pay:</b>
<b>Reason for leaving:</b>		

<b>From:</b>	<b>To:</b>	<b>Name of Company:</b>
<b>Supervisor:</b>		<b>Phone #:</b>
<b>Address:</b>		<b>Co-Workers:</b>
<b>City , State, Zip:</b>		1)
		2)
		3)
<b>Duties/Assignments:</b>		<b>Starting Pay:</b>
		<b>Final Pay:</b>
<b>Reason for leaving:</b>		

Do you possess current, valid Colorado POST certification?       Yes       No

Academy attended:

If not POST certified, are you currently enrolled?       Yes       No

Date of certification:      Certificate #:

Do you possess a law enforcement certificate from any other state?       Yes       No  
 If yes, list below.

I am currently or have previously been employed as a law enforcement officer and have attached a current copy of my annual performance evaluation or most recent performance evaluation.       Yes       No

**You must attach a copy of your Colorado POST certification/POST certification from another state to this application**

<b>Education</b>			
<b>List names and addresses (City/State) of schools attended</b>			
<b>High School / G.E.D.:</b>		<b>City/State</b>	<b>Graduation / Diploma / Certificate</b>
1)			1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2)			2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3)			3) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College / University:</b>		<b>City/State</b>	<b>Graduation / Diploma / Certificate</b>
	<b>Minor / Major</b>		1) <input type="checkbox"/> Yes <input type="checkbox"/> No
1)			If no, total credit / hours:
2)			2) <input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, total credit hours:
3)			3) <input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, total credit hours:
4)			4) <input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, total credits hours:
5)			5) <input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, total credits hours:
<b>Vocational / Technical:</b>		<b>City/State</b>	<b>Graduation / Diploma / Certificate</b>
1)			1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2)			2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3)			3) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other:</b>		<b>City/State</b>	<b>Graduation / Diploma / Certificate</b>
1)			1) <input type="checkbox"/> Yes <input type="checkbox"/> No
2)			2) <input type="checkbox"/> Yes <input type="checkbox"/> No
3)			3) <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Military Experience</b>			
Have you ever served in the U.S. Armed Forces?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
Date served from:		Date served to:	
Are you a member of the Reserves or National Guard?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
Duties performed and acquired skills:			
Were you subject to any court martial, non-judicial punishment (article 15 or Captain's Mast), or letter of reprimand while in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain. <b>(This will not automatically disqualify your application)</b>			
Type of discharge? (Attach DD214)			

Legal

Have you ever been arrested, charged, or convicted of any crime in this state or any other as a juvenile or an adult?     Yes         No

If yes, list all offenses below (attach additional pages if necessary.)  
(This will not automatically disqualify your application)

Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?

Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?

Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?

Approximate Date	Law Enforcement Agency	Charge(s)
Explain circumstances		Case sealed?

Have you ever committed a criminal act that you could have been arrested for?  
 Yes         No

If yes, explain.

(This will not automatically disqualify your application)

Are you currently or have you previously been a party to a civil action?         Yes         No

If yes, explain when, where, and why.

(This will not automatically disqualify your application)

Have you ever had a complaint made against you by a customer, child, parent, citizen, neighbor, or co-worker?  
 Yes         No

If yes, explain when, where, and why.

(This will not automatically disqualify your application)

Have you ever been the subject of a restraining order?         Yes         No

If yes explain when, where, and why.

(This will not automatically disqualify your application)

Have you ever slept on the job without permission?         Yes         No

If yes, explain when, where, and why.

**Legal – Continued**

*(The fact you have been charged with a crime will not automatically disqualify you.)*

**Have you ever used company materials (tools, supplies, equipment, facilities, etc.) for personal gain?**

Yes       No

**If yes, explain when, why, and approximate cost.**

**Have you ever purposefully damaged or destroyed company, public, or private property?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever accepted a gratuity, money, or materials from someone when it was against policy?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever taken anything from a person, business, vehicles, etc. without permission?**

Yes       No

**If yes, explain when, where, and why.**

**Have you ever used physical force to take something from someone?**       Yes       No

**If yes, explain when, where, and why.**

**Have you ever committed an act of domestic violence?**       Yes       No

**If yes, please explain when, where, who was involved and provide details of the incident.**

**Have you ever used physical force against a child, whether yours or someone else's?**

Yes       No

**If yes, please explain when, where, who was involved and provide details of the incident.**

**Drug Use**

Have you ever used any illegal drugs? <i>(please check all that apply)</i>					
Drug	Yes	No	Date first used	Date Last used	Used only once?
Marijuana					<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish, Hashish Oil					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine/Crack					<input type="checkbox"/> Yes <input type="checkbox"/> No
Barbiturates					<input type="checkbox"/> Yes <input type="checkbox"/> No
Amphetamines/Ecstasy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamines/Inhalants					<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD, Mushrooms or other Hallucinogens					<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP					<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin or other Opiates					<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Have you ever used prescription drugs belonging to someone else or deliberately abused any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Have you ever sold, distributed or shared illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Do you currently associate with anyone who you know uses illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>Have you ever refused to submit to a drug screen as a potential job applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Would you take a drug screening test as a part of this selection process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Motor Vehicle Operation**

<b>Current DL number</b>	<b>State of issue</b>	<b>Expiration Date</b>	<b>Name under which DL was granted</b>

<b>List all other states where you have been licensed</b>	
<b>State of issue</b>	<b>DL number</b>
1)	1)
2)	2)
3)	3)

<b>List all traffic citations you have received in the past 5 years</b>			
<b>Original Violation</b>	<b>Plea</b>	<b>Location</b>	<b>Approximate Date</b>

Has your driver's license ever been suspended, revoked, or denied?       Yes       No

If yes, explain.

As a driver, have you been involved in any motor vehicle accidents within the last 5 years?

Yes       No

If yes, include where, when, and action taken.

**Motor Vehicle Operation – Continued**

Have you ever driven a motor vehicle while impaired by either drugs or alcohol?  Yes  No

If yes, explain when, where, and the circumstances.

Have you ever been arrested for driving while impaired or under the influence of either drugs or alcohol?

Yes  No

If yes, explain when, and where.

(This will not automatically disqualify your application)

Has your car insurance ever been cancelled or been placed into a high-risk category?

Yes  No

If yes, explain when, and why.

Have you ever been involved in a hit and run?  Yes  No

If yes, explain.

Are there any restrictions on your license?  Yes  No

If yes, explain.

**General Information**

**Please list all other law enforcement agencies you have applied within the last 12 months**

Agency you applied with	Date	Current status in application process	Reason you were not hired
1)			
2)			
3)			
4)			
5)			
6)			
8)			
9)			
10)			

By signing below indicates you personally completed each page of this form and that all statements made are true to the best of your knowledge. Signature indicates you understand misstatements of any of the information provided will result in disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TOWN OF SILVERTHORNE**

**AUTHORIZATION TO RELEASE INFORMATION**

I am an applicant for a position with the Town of Silverthorne. I am required to furnish information that the Town may use in determining my qualifications for that position. In this connection, I hereby expressly authorize the release of any and all information that I have or will furnish to the Town, or which the town may independently have or acquire concerning me, including information of a confidential or privileged nature. I further authorize the Town to conduct a criminal history or credit investigation of me.

I hereby release, indemnify and hold harmless the Town of Silverthorne, its agents, officials, and employees, and any other organization, company or institution or person furnishing information to the Town of Silverthorne as expressly authorized above from and against any liability for injury or damage including attorney's fees, which may result from release of information as authorized hereby.

Print Full Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone Number: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission Expires