

CONDITIONS OF CONSIDERATION FOR APPOINTMENT

I understand an appointment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol, will not be appointed by the Sheriff. I further understand that any condition, which may preclude my ability to perform essential functions of the job and such condition can not be reasonably accommodated, will disqualify me from consideration for appointment in the job for which I was examined. I also authorize the Weston County Sheriff's Office to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities and / or treatment.

I understand that appointment with the Weston County Sheriff's Office is also contingent upon successful completions of a background investigation, a physical examination, psychological examination, and satisfactory completion of the Wyoming Law Enforcement Academy within the first year of full-time appointment.

I understand that appointment with the Weston County Sheriff's Office is "at will", meaning that it may be terminated at any time by either party.

I understand that specific positions at the Weston County Sheriff's Office may require me to provide evidence of an acceptable driving record, proof of identity, relevant credentials and authorization for employment in the United States.

I understand all conditions of appointment including but not limited to hours; benefits and salary are subject to change by the Weston County Sheriff's Office at any time.

If appointed, I agree to abide by all policies, regulations and guidelines established by the Weston County Sheriff's Office.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any appointment with the Weston County Sheriff's Office. In addition, I give the Weston County Sheriff's Office the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Weston County Sheriff's Office in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

Signature _____ Date _____