

CONFLICTS OF INTEREST: ACCEPTABLE USE OF ELECTRONIC COMMUNICATIONS AND INTERNET

I, _____, having read the “**Conflicts of Interest**”, Policy Number 415, and the “**Acceptable Use of Electronic Communications and Internet**”, Policy Number 605, in the Cottonwood County Employee Policy Handbook, do state that I am aware of the policies and I am not aware that I am violating any of these policies.

Signature

Date

ANNUAL VERIFICATION OF DRIVER’S LICENSE AND INSURANCE STATUS

As a condition of my employment, I understand that I may be required to drive my own personal vehicle or a county vehicle for county related business. I further understand that I therefore must have a current, valid driver’s license allowing me to drive and that said license must be of the classification necessary to drive the vehicle that I am operating. I also understand I must carry at least the minimum liability insurance as required by Minnesota State Law.

I also understand I will immediately report to my supervisor any change in meeting the above requirements, such as any citation/moving violations that result in suspension, revocation, or cancellation of their driver’s license or insurance, so that the employee’s ability to perform their job duties and their risk for operating their automobile for business purposes can be reassessed by the department lead or their designee. Failure to do so may result in disciplinary action.

I hereby authorize Cottonwood County to verify the status of my driver’s license.

I agree to abide by safety regulations and laws relating to my operation of a motor vehicle for the County of Cottonwood. Employees must wear seat belts. This is mandatory when operating a vehicle for the purpose of County business.

AUTHORIZATION FOR RELEASE OF DRIVER’S LICENSE STATUS

By my signature below, I agree to the above conditions.

Date

Signature

Please print name here

Insurance company