



CITY OF PEORIA Employee Acknowledgement Form

NAME	HIRE DATE
POSITION	DEPARTMENT

The purpose of this Employee Acknowledgement form is to obtain acknowledgement of receipt, and to notify you of your obligation to comply with the City of Peoria's Personnel Administrative Regulations (PARs), Ethics Handbook, Drug Free Work Place Policy, Safety Guidelines, Acceptable Use Policy and Loyalty Oath. With this Acknowledgement Form, you will also notify the City of Peoria if you are subject to child support wage withholding. For future reference, the full text of these statutory and regulation requirements have been provided to you during the hiring process and/or new employee orientation. Your signature on this Acknowledgement Form is your agreement to remain in compliance with the regulations and policies addressed herein during your employment with the City of Peoria.

Acknowledgement of Personnel Administrative Regulations (PARs)

The City of Peoria considers it each employee's responsibility to read and be familiar with the Personnel Administrative Regulations (PARs). Your signature below on this Employee Acknowledgement Form constitutes your verification that you can access Personnel Administrative Regulations on CityNet (<http://citynet/>) or the City of Peoria's website (www.peoriaaz.gov) and that it is your responsibility to be aware of the contents of these materials.

Acknowledgement of:

Your signature below constitutes your verification that you have received a copy of the following documents:

- Respectful Workplace Policy
- Drug Free Work Place
- Ethics Handbook

and that you understand your responsibility to be aware of the contents of these materials.

Acknowledgement of the Acceptable Use Policy Agreement

The City of Peoria has established a policy governing employee use of City-provided technology, resources, specifically, #AP-02-03 (Acceptable Use Policy). Your signature below on this Employee Acknowledge Form constitutes your verification that you were provided access to this policy, and that you understand your responsibility to be aware of the contents of these materials.

Child Support Wage Withholding

In accordance with A.R.S. §23.-722.02 employers are required to ask new employees, rehired employees, employees returning from unpaid leaves of absence and employees working twenty (20) or more hours weekly whether or not they are subject to child support wage withholding.

Are you subject to a child support wage withholding? (Check one)

_____ Yes

_____ No

If "Yes", you are required to provide the City of Peoria with a copy of any and all wage assignment order(s) presently in effect, by returning it/them with your new hire packet.

Loyalty Oath

I, the undersigned, hereby execute this Loyalty Oath in compliance with Chapter 108 (House Bill 115) Laws 1961, First Regular Session, Sec. 38-231, Arizona Revised Statutes, OFFICERS AND EMPLOYEES REQUIRED TO TAKE LOYALTY OATH; FORM; PENALTY

A. In order to insure the statewide application of this section on a uniform basis, each board, commission, agency, and independent office of the state, and any of its political subdivisions, and of any county, city, town, municipal corporation, school district, and public institution, shall immediately upon the effective date of this act completely reproduce section 38-231 as set forth herein, to the end that the form of written oath or affirmation required herein shall contain all of the provisions of said section for use by all officer and employees of all boards, commissions, agencies and independent offices.

B. For the purposes of this section, the term officer or employee means any person elected, appointed, or employees, either on a part-time or full-time basis, by the state, or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution, or any board, commission or agency of any of the foregoing.

C. Any officer or employee elected, appointed, or employed prior to the effective date of this act shall not later than ninety days after the effective date of this act take and subscribe the form of oath or affirmation set forth in this section.

D. Any officer or employee within the meaning of this section who fails to take and subscribe the oath or affirmation provided by this section within the time limits prescribed by this section shall not be entitled to any compensation unless and until such officer or employee does so take and subscribe to the form of oath or affirmation set forth in this section.

E. Any of the persons referred to in Article XVIII, section 10 of the Arizona Constitution as amended, related to the employment of aliens, shall be exempted from any compliance with the provisions of this section.

F. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of his office or employment, he shall take and subscribe the following oath or affirmation:

STATE OF ARIZONA
CITY OF PEORIA
COUNTY OF MARICOPA

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties as a _____ of the City of Peoria, Arizona, according to the best of my ability, so help me God (or so I do affirm). (Section 38-231)

Signature

The foregoing oath has been subscribed and witnessed to before

Witness Signature

Date

Employee Acknowledgement of Understanding and Receiving This Acknowledgement Form

I have had the opportunity to discuss all of the above information contained in this Acknowledgement Form and I am fully aware of my obligations under the statutes and policies referenced in this document. I understand that the full text of these statutory and policy requirements can be found on the City of Peoria Intranet, or in the Human Resources Department. My signature below is my acknowledgment that I understand the contents of this Acknowledgement Form and that I agree to be bound by its contents.

Employee Signature

Date

Human Resources Representative Signature

Date