

COUNTY OF SACRAMENTO  
EMPLOYMENT STATEMENT

LOYALTY OATH

For the office or position of \_\_\_\_\_

I, \_\_\_\_\_ (please print), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter.

VEHICLE SEAT BELT POLICY

It is the policy of the Board of Supervisors of Sacramento County that all employees shall use seat belts provided in County vehicles, and the Board requires that all passenger cars and pickup trucks be equipped with seat belts. Departments may install seat belts in other types of vehicles. It is the Board's policy that the driver of any County vehicle be responsible to see that all passengers use the seat belts provided and this policy is applicable at any time the vehicle is in motions. Employees who use private vehicles on County business must provide and use seat belts as herein above described. The purpose of this policy is to protect the lives and physical well-being of Sacramento County employees and passengers in case of vehicular collision. Every County employee who may drive a County vehicle in the performance of his/her duties is required to read this statement and to attest by signature of his/her knowledge and understanding of the requirements to use seat belts. Failure to use seat belts shall be subject to appropriate disciplinary action under Section 11, Civil Service Rules.

EMPLOYEE'S STATEMENT

I have read the above statement regarding the requirement that I use seat belts and that, as a driver of such vehicle, I am responsible to see that all passengers use the seat belts provided. By my signature, I attest to having knowledge of this requirement and fully understand its application to me as an employee of the County of Sacramento.

I hereby accept appointment of Sacramento County service subject to the conditions contained on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_