

COMPLETE AND RETURN WITH APPLICATION

Name: (Print or Type) _____

Position Applied For: _____

APPLICATION SUPPLEMENT
INVESTIGATION AUTHORIZATION

My signature below indicates my authorization to the City of Forest Park to obtain from any previous employer, police agency, credit bureau, persons, or any other organization, agency or entity, public, private, any information relative to myself so that a thorough examination of my character and credentials may be examined prior to my being considered for employment by the City of Forest Park. I hereby release all persons, firms, organization, corporations, institutions, and government entities from any damage whatsoever for issuing said information. I also authorize schools and other educational institutions which I may have attended to reveal my scholastic ratings to Forest Park representatives who are investigating my educational background. It is understood that a photostatic copy of this authorization may be used to request release of information.

Signature of Applicant: _____ Date: _____

APPLICANT AGREEMENT

PRE-EMPLOYMENT PHYSICAL EXAMINATION---It is understood that employment with the City of Forest Park is contingent upon completing and passing a pre-employment physical. The medical examination is conducted by the City's designated physician, and is paid for by the City.

Signature of Applicant: _____ Date _____

I, _____, do hereby consent to allow the City of Forest Park, its agents and employees, to conduct a urine analysis for the purpose of screening my urine sample for evidence of marijuana, alcohol, or other chemical substances. I understand that this urine analysis and drug screening will be conducted if I am offered employment with the City of Forest Park. I also understand that the results of said urine analysis will be kept confidential by the City of Forest Park.

I hereby waive any rights to object to the taking and sampling of my urine specimen in this regard and further release the City of Forest Park, its agents and employees, from any liability for any claim or cause of action or damage whatsoever arising from the taking and sampling of my urine.

I understand that I am entitled to provide the Forest Park Personnel Department with information of any narcotic drug or other medication, be it prescribed or over-the-counter, of which I am taking at the time of the sample and testing.

I give this consent waiver and release freely and voluntarily, and I understand the consequences of giving said consent, release, and waiver.

Signature of Applicant: _____ Date: _____

Note: Employment is contingent upon passing the medical examination and drug-screening.