

PRE-EMPLOYMENT AGREEMENT
PLEASE READ CAREFULLY

I voluntarily agree to submit to a urinalysis (drug screen) and/or blood test as part of my application for employment, to occur after an offer (if any) of employment is made and before I begin work. I understand that either refusal to submit to such screen or test or a positive, confirmed result may disqualify me from further consideration for employment.

I further understand and agree that upon commencement of employment with the Town, I may again be required to submit to a urinalysis screen and/or blood test in accordance with the requirements of the Town's Drug Free Workplace Program and applicable law. I understand that refusal or failure to submit to such screen or test or a positive, confirmed result may result in my immediate suspension or discharge.

Applicant's signature

Date

Driver's license number _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____
by _____ who is personally known to me or has produced
_____ as identification.

Notary Public

Notary Stamp:

NOTE: This form is required to be signed and notarized. It shall become a permanent part of the Town of Indialantic Employment Application.

AUTHORIZATION
TO RELEASE INFORMATION

REGARDING:

Applicant's name: _____

Applicant's current address: _____

Applicant's social security number: _____

Agency contact person: _____

Authorization expiration date: _____

I, as the undersigned, authorize and consent to any person, firm, organization or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to Release Information by the above-stated agency to release and disclose to such agency any and all information or records, volunteer experience, military records, criminal records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment at the agency.

Any person, firm, organization or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

This authorization expires on the date stated above.

Signature of Prospective Employee

Date

Witness to Signature

Date