



Applicant Consent and Release Form

(Please read carefully before signing.)

Note: *This document should not be signed until all interviews have been completed and the applicant is being considered for employment contingent on passing all required tests and background checks.*

The City of Pineville shall conduct a thorough background investigation of my work and personal history to verify all data given on the application and during interviews. I hereby release the City of Pineville, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from liability for providing the requested information.

Pre-Employment Physicals or Substance Abuse Testing – I understand that the City of Pineville requires all potential employees to undergo a pre-employment drug and alcohol screen. Physicals may be required depending on the responsibilities outlined in the job description. The tests will be paid for by the City of Pineville. All results are considered protected health information and will be handled as stated in the Health Insurance Portability and Accountability Act (HIPAA).

I authorize the testing facility to release my pre-employment physical, drug and alcohol results to the City of Pineville and understand that it will be maintained as part of my record.

Applicant Inquiry – I understand that the City of Pineville strive to maintain the safety and security of its customers, employees and property; therefore, the City of Pineville may conduct the following background check(s) in connection with the employment application for employment purposes only. I also understand that any background check conducted and received by the City of Pineville will be protected as outlined by state and federal privacy rules.

I authorize the City of Pineville to conduct the following background checks to determine my eligibility for employment:

Criminal History

Military Service

Employment History (Past & Present)

Professional Credentials and Licenses

Earnings History

Substance Abuse Testing

Education

Driving Record

Workers' Compensation Information - I understand it will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made.

Applicant Name (Print): _____ **Social Security Number:** _____

Date of Birth: _____ **Driver's License #:** _____ **State Issued DL:** _____

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Signature of Applicant: _____ **Date Signed:** _____

Department Supervisor: _____ **Date Signed:** _____