

REFERENCES

List personal acquaintances that can give reference of your character and ability. Do not include relatives.

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Year Acquainted</u>

ALCOHOL & DRUG SCREENING REQUIREMENT

I understand and agree that, as a condition of employment and, if employed as a condition of continued employment, I may be required to submit to drug and alcohol screening tests to determine compliance with the City of Merriam's policy on Drug and Alcohol abuse. Failure to comply with the testing program will be grounds for disqualification or immediate discharge. I understand that I can review and receive a copy of the City's Drug and Alcohol screening policy upon request.

 Signature _____
 Date
(Applicant must sign in order to be considered for any position with the City of Merriam)

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorizes the City of Merriam or its representatives to fully investigate, in the manner it deems appropriate, the information contained in my application. I understand that the information obtained by the City of Merriam is for internal use only and will not be released to unauthorized persons.

This document also authorizes all individuals, partnerships, corporations or other entities to release to the City of Merriam or its authorized representatives, any and all information, records or documents whatsoever deemed by the City of Merriam or its representatives to be necessary to complete its investigation on my application. Said information or documents may concern but are not necessarily limited to my current or past salaries, finances credit ratings or reports, accounts, background, general reputation, military services, criminal conviction record, civil litigations, bankruptcy record, driving record, and former employment history including the reason(s) for termination.

I hereby release any records custodian from any and all damages or liability resulting from providing to the City of Merriam the information authorized hereby and complying with this Authorization. This release is binding upon my heirs and representatives.

Should there be any question as to the validity or intent of this Release, you may contact me for clarification.

 Signature _____
 Date
(Applicant must sign in order to be considered for any position with the City of Merriam)

FOR EMPLOYER'S USE ONLY

References Checked: _____

Application Reviewed By: _____

Comments: _____

