

Summarize your special skills or qualifications:

Previous Employment (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: (____) _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary: _____ Title: _____ Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: (____) _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary: _____ Title: _____ Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: (____) _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary: _____ Title: _____ Ending Salary: _____ Title: _____

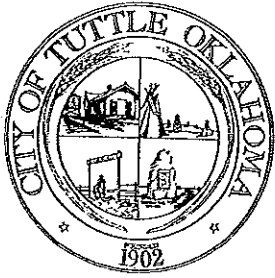
Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____



City of Tuttle
Employee/Applicant Drug Testing Notice

EMPLOYEE/APPLICANT NAME: _____ DATE: _____
(Circle One)

DEPT: _____ DEPARTMENT HEAD: _____

NAME OF CITY REPRESENTATIVE REQUESTING TEST: _____

MEDICAL CONSENT: The undersigned hereby consents to a drug screen/alcohol test to be administered by the collection site and/or drug testing company contracted by the City of Tuttle.

AUTHORIZATION TO RELEASE TEST RESULTS AS POSITIVE OR NEGATIVE TO THE CITY: I authorize the collection site and/or drug testing company contracted by the City of Tuttle to release the results of the drug screen and/or alcohol test, as being positive or negative, to the City Personnel Director or his/her designate.

- APP LICANT:** I understand that refusal to consent to a drug screen and/or alcohol test shall be sufficient reason for the refusal to hire. I understand that upon a drug screen and/or alcohol test result of positive, my application for employment with the City shall be deemed withdrawn.

- EMPLOYEE:** I understand that refusal to consent to a drug screen and/or alcohol test shall be grounds for discipline. I further understand that a drug screen and/or alcohol test result of positive shall be grounds for discipline, which may include termination.

I give my consent to the drug screen and/or alcohol test with the understanding that the results of a drug screen test shall be reported to the City Personnel Department as positive or negative, and the results of the test(s) shall remain and be kept confidential.

EMPLOYEE/APPLICANT Signature: _____ DATE: _____

CITY REPRESENTATIVE: _____ DATE: _____

