

List below all present and past employment, beginning with your most recent.

I	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									

II	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									

III	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									

IV	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									

May we contact the employers listed above? _____ If not, indicate by "No" the one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
 Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

The facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THE AREA BELOW. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age and disability. State law also prohibits some or all of the above types of discrimination.

How long have you lived at present address? _____

Previous address _____
Street City State Zip

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

Are you a citizen of the U.S.A.? _____

Have you ever been bonded? _____ If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offences, in the past ten years which has not been annulled or expunged or sealed by a court? _____

If yes, describe in full _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying?

List any friends or relatives working for us, other than spouse. _____

APPENDIX D

V. EMPLOYEE Acknowledgement Form

City of Fayetteville

EMPLOYEE ACKNOWLEDGEMENT

As an applicant or an employee, I have carefully read the City of Fayetteville drug and alcohol testing policy. I have reviewed a copy of the City of Fayetteville drug and alcohol testing policy, understand its requirements and agree without reservation to follow this policy. As an applicant, I am aware that my offer of employment is conditional upon the results of a drug and/or alcohol tests, and that I may be subject to immediate dismissal if I refuse to take the test.

Name of Applicant

Social Security Number

Signature of Applicant

Date

Signature of Witness

Date

APPENDIX E

W. CONSENT AND ACKNOWLEDGEMENT FORM

City of Fayetteville

DRUG/ALCOHOL TESTING PROCEDURES

CONSENT AND ACKNOWLEDGEMENT FORM

As an applicant or an employee with the city of Fayetteville, I hereby consent to and acknowledge that I am scheduled to undergo drug and/or alcohol testing. The test for alcohol will be a breath analysis test. The drug test will involve an analysis of a urine sample, which I will provide at a designated site. The purpose of the test will be to test for the presence of the following substances: amphetamines, marijuana, cocaine, opiates, PCP, alcohol, and/or additional drugs listed in the Tennessee Drug Control Act. I authorize qualified personnel to take and have analyzed appropriate specimens to determine if drugs and/or alcohol are present in my system. I acknowledge that the drug/alcohol screen test results will be made available to the testing laboratory, medical review officer(s) (MRO(s)(s)), the City Administrator, or his/her designee. As an applicant, I am aware that a confirmed and verified positive drug/alcohol test result will rescind my conditional offer of employment. As an employee, I am aware that a confirmed and verified positive test result may lead to disciplinary action up to and including immediate dismissal. I will present a copy of this form to the collection site when I report for my scheduled drug/alcohol test. I also understand that failure to provide adequate breath for testing without a valid medical explanation, failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing process are the same as refusing to test.

I, _____, acknowledge that I have received and/or reviewed a copy of the city of Fayetteville's drug and alcohol testing policy.

CONSEQUENCES OF A CONFIRMED POSITIVE DRUG AND/OR ALCOHOL TEST RESULT AND/OR VERIFIED POSITIVE DRUG AND/OR ALCOHOL TEST RESULT

Job applicants will be denied employment with the city of Fayetteville if their initial positive pre-employment drug and alcohol test results have been confirmed/verified.

If a current employee's positive drug and alcohol test result has been confirmed, the employee is subject to immediate removal from any safety-sensitive function and may be subject to disciplinary action up to and including termination. Factors to be considered in determining the appropriate disciplinary response include: the employee's work history, length of employment, current work assignment, current job performance, and existence of past disciplinary actions. However, the city reserves the right to allow employees to participate in an education and/or treatment program approved by the city Employee Assistance Program as an alternative to or in addition to disciplinary action.

If such a program is offered and accepted by the employee, then the employee must satisfactorily participate in and complete the program as a condition of continued employment.

No disciplinary action may be taken pursuant to this drug policy against employees who voluntarily identify themselves as drug users, obtain counseling and rehabilitation through the City's Employee Assistance Program or other program sanctioned by the City, thereafter refrain from violating the City's policy on drug and alcohol abuse. However, voluntary identification will not prohibit disciplinary action for the violation of City Personnel Policy and regulations.

Refusing to submit to an alcohol or controlled substances test means that a driver: (1) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirements for breath testing in accordance with the provisions of this part; (2) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with the provision of this part; or (3) engages in conduct that clearly obstructs the testing process. In either case the physician or breath alcohol technician shall provide a written statement to the City indicating a refusal to test.

Compliance with this substance abuse policy is a condition of employment. The failure or refusal by an applicant (positions with a CDL, commercial driver's license, pipeline or safety sensitive) or employee to cooperate fully by signing necessary consent forms or other required documents of the failure or refusal to submit to any test or any procedure under this policy in a timely manner will be grounds for refusal to hire or for termination. The submission by an applicant or employee of a urine sample that is not his/her own or is adulterated shall be grounds for refusal to hire or for termination.

I, _____, have read the above consequences of a confirmed positive drug and/or alcohol test result and/or verified positive drug and/or alcohol test result statement.

Print Name of Applicant/Employee

Social Security Number

Signature of Applicant/Employee

Date

Signature of Witness

Date

CITY OF FAYETTEVILLE
SUBSTANCE ABUSE POLICY RELEASE FORM

I have been informed that as a condition of any offer of employment or as a condition of my continued employment, I must submit to urine, hair and/or blood drug screening test and I accept this condition. I agree that Associated Pathologists Laboratories, a drug testing facility, is authorized by me to provide the results of this test to the City of Fayetteville. I agree to indemnify and hold APL harmless from and against any and all liabilities or judgments arising out of any claim related to (i) the employer's submission and handling of tests, samples, (ii) compliance by employer with federal and state law, or (iii) the employer's interpretation, use (including employment decisions) and confidentiality of the tests results; except where APL is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure or in the case of a positive test result, I may not be employed by the City of Fayetteville or my employment may be terminated by the City of Fayetteville.

Signature Applicant/Employee

Date

Witness

Date