

HOLLY SPRINGS POLICE DEPARTMENT

EMPLOYMENT APPLICATION

MICHAEL CARSWELL, CHIEF OF POLICE

WARNING: Intentional falsifications or omissions shall be deemed adequate grounds for disqualification from the hiring process.

The completed Applicant Background Investigation Booklet shall be returned to:

Holly Springs Police Department

P.O. Box 990

Holly Springs, Georgia 30142

On the date specified below:

Booklet Due Date	
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All questions should be directed to the Holly Springs Police Department.

Call (770) 345-5537 and ask for someone in Administration.

Booklet received date:	By:
Date reviewed:	By:

INSTRUCTIONS

1. **This Background Booklet must be completed in its entirety with all requested information supplied by the applicant.**
2. **Please print in your own handwriting using black ink. Provide all information requested.**
3. **Read and review this booklet before you begin.**
4. **The acknowledgment form (page 25) will be signed and notarized when the booklet is returned to the Holly Springs Police Department, and this must be done in the presence of a member of the Holly Springs Police Department who is involved in the applicant hiring process.**
5. **All documents requested must be brought with you when you return the background book. The Training Unit will make copies of your documents. Copies will be accepted if they show the issuing agency's seal or a Notary statement of authenticity.**

The Items Below Are The Requested Documents.

Required Attachments

Documents	
Drivers License	
Birth Certificate	
Social Security Card	
High School / GED Diploma or Transcripts (sealed)	
College Transcripts (sealed)	
Name Change Document(s)	
Authorization for release of personal information (p. 26)	
G.C.I.C/N.C.I.C Consent Form (p. 27)	
Release and Indemnity Agreement (p. 28)	
Pre-employment Drug Testing Consent and Release (p. 29)	

PERSONAL DATA

Your Name:

First Middle Last

List any other names you have used or have been known by, and give reasons:

NAME	REASON

Your Address:

Number Street City State Zip

Your Telephone Numbers

Home #	
Business #	
Pager / Cell #	/
E-mail address	

The best time to reach you at home is between _____

May we contact you at work? Yes () No ()

If yes, the person to speak with is _____

Social Security Number: _____

Your Height / Weight: _____ / _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____

Place of Birth: _____

City County State

List and describe any body scars, marks, or tattoos you may have: _____

Name(s) of person(s) whom you reside? _____

Are you a United States citizen? Yes () No ()

Are you

Natural born		Naturalized		Resident alien	
--------------	--	-------------	--	----------------	--

If you are a naturalized citizen of the United States, provide your certificate of citizenship document number: _____

List all organizations, clubs, and associations which you are now, or ever have been a member of or associated with: _____

What are your hobbies, special skills, and abilities? Please include any foreign language skills: _____

Family History

List all living members of your immediate family (Spouse, children, father, mother, sisters, a n d brothers)

NAME	RELATIONSHIP	ADDRESS	PHONE #	OCCUPATION

In the space provided, give the names, addresses and phone numbers of two of your closest neighbors.

NAME	ADDRESS	DAYTIME PHONE

Education

What is the highest year of school you have completed? _____

In the space provided list the all high schools, colleges, universities, professional trade or vocational schools that you attended.

ATTENDED From/To Mo. / Yr.	NAME OF SCHOOL High School, College, Etc.	STREET ADDRESS	CITY	STATE	GRADUATE YES/NO	DIPLOMA/DEGREE COURSE OF STUDY
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

If you have any technical skills, not necessarily acquired through formal education, list them: _____

References

Fill in the names of five persons not related to you by blood or marriage, and not former employers, who have known you for at least **five** years. All persons you name may be asked to appraise you character, ability, experience, personality, or other qualities.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

Employment History

Are you currently a Georgia P.O.S.T. Certified Peace Officer? Yes () No ()

Have you been awarded any Georgia P.O.S.T. certification or any certification from another state? Yes () No (). If yes, please provide the state, type of certification, and the certification number.

STATE	TYPE OF CERTIFICATION	NUMBER

What is your present occupation? _____

How did you find out about this job? _____

Have you previously submitted an application for employment to the City of Holly Springs Police Department? Yes () No ()
If yes, Please explain giving the position applied for, the date, and the outcome.

If you were previously employed with the City of Holly Springs Police Department why did you leave?

Have you ever been declined employment? Yes () No (). If yes, please explain:

List all Law Enforcement agencies in which you have submitted applications.

LAW ENFORCEMENT AGENCY AND POSITION APPLIED	DATE APPLIED	HOW FAR ARE YOU IN THE HIRING PROCESS

Have you ever taken the Georgia POST Entrance Exam? Yes () No () If yes, where and when? _____

Please answer the following:

1	Do you object to wearing a uniform, or carrying or using any equipment required to perform the duties of a police officer?	YES	NO
2	Do you object to, or would anything in your life prevent you from working evenings, nights, weekends, or holidays?	YES	NO
3	Do you have previous experience with shift work?	YES	NO
4	Have you ever been involved in a business as an owner, as a partner, or as a corporate member?	YES	NO
5	Do you hold active or silent interests in any company?	YES	NO
6	Have you ever worked for a member of your family?	YES	NO
7	Have you ever left a job without giving notice when notice was required?	YES	NO
8	Have you ever had any arguments concerning job duties or working conditions with an employer?	YES	NO
9	Has a supervisor ever reprimanded you for being late or for being absent?	YES	NO
10	Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?	YES	NO

If yes, please explain using the number(s) from the previous page: _____

Circle the number of times you have been asked to resign or have been fired from a job.

0 1 2 3 4 5 6 7 8 9 10

1

Please provide an explanation for the number circled.

Circle the number of times that you have resigned after being told that your employer intended to fire you, or take any form of disciplinary action against you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Circle the number of times that you have resigned after an internal investigation has been started by your employer involving you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Is your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification under investigation by any state or federal Law Enforcement Training Council? Yes No If yes, please explain

Has your Law Enforcement, Correction, Jailer, Probation, or Parole Officer certification ever been revoked or placed on probation of by any state or federal Law Enforcement Training Council? Yes No If yes, please explain

List all the jobs you have held in the last ten years. Start with your present, or most recent position. Include all periods of full time, part time, and temporary positions. **List all periods of unemployment.** List a single military enlistment as one job. **Include any Law Enforcement positions held during your lifetime.** Important: Holly Springs Police Department will verify your work history through existing records.

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

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ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
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REASON FOR LEAVING		

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TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

Military Information

Have you ever attempted to join any branch of the armed forces? Yes () No ()
If yes, please explain.

Have you ever served active duty in any branch of the armed forces? Yes () No ()
If yes, what branch?

What is, or was your service number? _____

List the date and location of entrance to active duty. _____

List the date and location of discharge from active duty. _____

What was the highest rank held? _____

List the periods of your active military service.

FROM	TO	LOCATION

List all medals and decorations awarded to you as a member of the armed forces.

Have you ever been a member of any branch of the United States Reserve Forces?
Yes () No (). If yes, please list:

Branch of service	From	To
Where you active or inactive?	_____	
If active, please list location	_____	
What rank did you hold?	_____	

10. Have you ever been a member of the National Guard? Yes () No ().

If yes, what State? _____

Location	From	To
Rank held	_____	

11. Have you ever been court marshaled, tried on charges, the subject of an article 15, company punishment, or any other disciplinary action while a member of any branch of the armed forces? (Including active duty, reserves, or National Guard)

Yes () No () If yes, please explain.

Illegal Drugs

IMPORTANT:

Take time to read this section before making any entries. Your entries must be truthful. **Automatic Disqualifier:** Use of any drugs listed in the Schedule I of the Controlled Substances Act in lifetime, Use of any drug listed in the Schedule II of the Controlled Substances Act in the last ten (10) years, Use of any drugs listed in the Schedule III, IV, or V of the Georgia Controlled Substances Act in the last five (5) years without medical supervision or prescription for the purpose of intoxication, recreation or experimentation (waiver of use prior to age 18 will be at the discretion of the Chief of Police).

Definition / Guidelines

Illegal drugs / substances: Any pill, powder, crystal, fluid, gas, propellant, liquid, or any other form of substance which has been, or is considered as an illegal and / or dangerous drug, or controlled substance.

It is a fact some individuals have experimented with drugs or substances sometime in their life. In the spaces provided list all illegal drugs or controlled substances you have ever tried, used, or experimented with in your entire lifetime. Please include any steroid use.

- I have never used an illegal drug or substance.
- I have tried / used the drugs or substances listed below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER TIMES USED

Criminal Activity / Arrest Record

It is important that you answer each of the following questions truthfully. The polygraph examiner will take time to listen to anything you have to say in this area.

Check any of the following you have **ever committed or done**.

ARSON		MURDER	
ASSAULT		PASSING BAD CHECKS	
AUTO THEFT		POSSESSION OF MARIJUANA	
BREAKING & ENTERING/ BURGLARY		POSSESSION OF ANY ILLEGAL NARCOTICS	
DRAG RACING/RECKLESS DRIVING		ROBBERY	
DRUG SALES		SHOPLIFTING	
DUI / DWI		STEAL ANYTHING	
EXTORTION		ANY SEX CRIMES (Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, etc.)	
VANDALISM		ANY ACT OF DOMESTIC VIOLENCE, <i>Regardless of How Minor</i>	

If you marked any of the crimes listed, please provide a detailed explanation.

Please answer the following:

1	Have you ever been <u>convicted</u> of a felony or a misdemeanor (excluding Traffic Citations)?	Yes	No
2	Have you ever been <u>convicted</u> of a domestic violence offense?	Yes	No
3	Have you ever been placed on probation or parole?	Yes	No
4	Have you ever been physically arrested, indicated, or charged with a criminal offense, <u>regardless if you were found guilty, or the charges were dismissed?</u>	Yes	No
5	Have you ever been questioned by the civilian or military police about suspected involvement in a criminal investigation?	Yes	No
6	Have you ever had official contact with any law enforcement officer (as a victim, suspect, witness, etc)?	Yes	No
7	Have you ever intentionally perjured yourself in a court of law?	Yes	No
8	Are you presently under any subpoenas?	Yes	No
9	Have you ever been granted the provisions of the First Offenders Act (As a Juvenile or as an Adult) ?	Yes	No

If yes, please explain.

Have you ever been a member or any foreign or domestic organization, association, movement, group or combination of persons, which is totalitarian, fascist, communist, or subversive? Or, which has adopted or shows a policy of advocating or approving the commission or acts of force or violence to deny other persons their rights under the Constitution of the United States. Yes () No (). If yes, please explain.

Have you ever been finger printed? Yes () No (). If yes, provide details below.

AGENCY	PURPOSE	DATE

Driving Record

This section pertains to your personal driving history. Your driving record will be verified in each state where you have possessed a driver's license. Please provide all requested information.

List all drivers' licenses that were ever issued to you.

STATE	DRIVERS LICENSE NUMBER	EXPIRATION DATE	DRIVERS LICENSE RESTRICTION (S)

Have you ever had your driver's license suspended or revoked? Yes () No ().
If yes, please explain.

STATE	DRIVERS LICENSE NUMBER	SUSPENSION DATE	REASON FOR LICENSE SUSPENSION

Have you ever been refused a driver's license? Yes () No (). If yes, please explain.

Have you ever obtained a driver's license under an assumed name? Yes () No ().
If yes, please explain. Include the name, date of birth used, state of issue, license number, and dates.

List **all** traffic citations, moving or non-moving violations (except parking tickets) that you have received in your lifetime.

LOCATION	DATE	VIOLATION	DISPOSITION

Do you have any pending traffic citations? Yes () No (). If yes, provide details.

Provide information below on every motor vehicle accident that you have been involved in (in which you had control of the vehicle) during your entire lifetime.

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

Social Networking Sites

Do you currently have and participate in social networking sites (to include but not exclusive to Facebook, Myspace, Twitter, Instagram, etc.). Yes () No ()

Site Name: _____	User Name: _____
Site Name: _____	User Name: _____
Site Name: _____	User Name: _____
Site Name: _____	User Name: _____

Social Networking site content will be reviewed as part of your background investigation. Failure to provide the above information (or false information) will result in the removal from the hiring process. By completing this application, I give consent to the Holly Springs Police Department to review the content of my Social Networking site(s) _____

Initials

IMPORTANT: Do not sign or date this page until you do so in the presence of a member of the Holly Springs Police Department who is involved in the hiring process.

NOTICE TO APPLICANT

Georgia Criminal Code 16-10-71, "False swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one nor more than five years or both.

Acknowledgment

Having been advised of the penalty of O.C.G.A. 16-10-71, False Swearing and being a lawful applicant for a position with the Holly Springs Police Department, I attest and confirm that all the information contained within this booklet is true and accurate to the best of my knowledge and belief. I understand that all aspects of this information is subject to review and polygraph examination. I further understand that falsification or omission of information from this booklet is grounds for disqualification from the hiring process of the Holly Springs Police Department.

Signed this _____ day of _____, 20_____.

Applicant Legal Signature

Applicant Name (print)

Notary Signature

**HOLLY SPRINGS POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Holly Springs Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions and all Georgia POST records; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have or have had an interest. I further authorize the full release of all medical records concerning me whether they be for physical examinations, psychological examinations, drug screening tests of the blood or urine, or any and all reports where I may have been treated by a physician in any of the medical fields. I further authorize the release of any polygraph testing results.

I understand that upon my application for employment with the Holly Springs Police Department I will be subject to a psychological examination, a drug screening of my blood and urine, as well as a complete physical examination. I further understand that these tests/examinations will be performed by physicians of the departments choosing. I hereby give my full consent to have the results of these examinations released to the Holly Springs Police Department. I understand that these reports could contain information protected under the Health Insurance Portability and Accountability Act of 1996, and herein grant the dissemination of this information by providing this written authorization for the lawful release of this information contained in the aforementioned reports to the Holly Springs Police Department.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Holly Springs Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain and original writing of my signature.

This application must be notarized or it will be considered VOID

Witness

Applicant's signature (include maiden name)

Address

City State Zip Code

Phone

DOB SSN

Sworn and subscribed before me this
____ day of _____, 20____.

Notary Public

City of Holly Springs
Georgia Crime Information Center/National Crime Information Center
Consent Form

I hereby authorize the Holly Springs Police Department and the City of Holly Springs to receive any Georgia criminal history record, and any driver's history record information pertaining to me which may be in the files of any state or local criminal justice agency in the United States of America.

Please PRINT below except on the signature line. It MUST be signed in the presence of the notary public in order for this consent form to be valid.

Last Name	First Name	Middle Name	Maiden Name
Street Address		City	State Zip Code
Sex*	Race*	Date of Birth	Social Security Number
Signature			Contact Telephone
ID / DL State	ID / DL Number	Date	

*Note – ONLY Valid Sex Codes are M=Male, F=Female, U=Unknown / ONLY Valid Race Codes are W=White, B=Black, A=Asian or Pacific Islander, I=American Indian or Alaskan Native, U=Unknown

Request Provisions (one of the following must be checked):

- Employment (other than one of the below special provisions)
- Employment with mentally disabled
- Employment with elder care
- Employment with children
- Employment with criminal justice agency – non-sworn
- Employment with criminal justice agency – sworn
- Other: _____

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Subscribed and sworn to before me this _____ day
of _____, 20____
by _____
NOTARY PUBLIC

Agency Use Only

NO RECORD FOUND

Date Processed: _____ SID: _____ FBI: _____

Operator Initials: _____ Dissemination: Mailed Picked Up

Release and Indemnity Agreement

Whereas, the undersigned citizen has voluntarily elected to ride as a passenger in a departmental vehicle of the City of Holly Springs Police Department, and to accompany police officers, to study and observe for his/her own benefit the functions and operations of the Holly Springs Police Department and its personnel; and

Whereas, the undersigned applicant desired to do so at his/her own risk and recognizing the possible and inherent dangers of his/her person and/or property resulting there from; and

Whereas, the City of Holly Springs and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damage sustained: and

Now, therefore, in consideration of the premises and other goods and valuable consideration the undersigned does hereby, for himself, spouse, heirs, executor or administrator, and person representative:

1. Assume full responsibility for any personal injury or damage to his/her person or property which may occur, directly or indirectly, while in, on or about any such police department vehicle, police department premises or any part thereof, or while accompanying any on-duty police officer(s) of the City of Holly Springs Police Department in the performance of their duties;
2. Fully and forever release and discharge the City of Holly Springs and the State of Georgia, its agents and employees from any claims, demands, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such police department vehicle, or at any and all premises and places aforementioned, or while accompanying any such officer(s) of the City of Holly Springs Police Department in the performance of their duties;
3. Indemnify and hold harmless the City of Holly Springs Police Department and the State of Georgia, its agents and employees, for any acts of conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or at any or all the premises and places aforementioned, or while accompanying any such officer or aforesaid;
4. Agree to defend and to pay any costs or attorney fees as a result of any action brought by or against the City of Holly Springs or the State of Georgia, its agents and employees, for any such acts of conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such police department vehicle, or any or all of the premises and places aforementioned, or while accompanying any such police officer as aforesaid; and
5. Agree that it is the intent of the undersigned that this release and indemnity agreement be in full force and effect any time after the execution thereof.

Printed Name _____

Signature _____

Sworn before me a Notary Public for and within the State of Georgia, personally appeared _____ who executed the foregoing agreement and acknowledge that they executed the same as their free act and deed.

This _____ (date) Notary Public _____ affix seal here



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by City of Holly Springs in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Wellstar Urgent Care/Towne Lake, 120 Stonebridge Pkwy, Ste. 310, Woodstock, Georgia 30189.
(name of physician or clinic)

may collect these specimens for these tests them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said test to the City of Holly Springs. I understand that it is the current use of illegal drugs that prohibits me from being employed at the City of Holly Springs.

I further agree to hold harmless the City of Holly Springs and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said testings in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant
Print Name: _____ S.S.#: _____

Applicant
Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____