APPLICANT'S CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION
CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application. I understand that the information provided on this application may be subject to public disclosure under the Georgia Open Records Act.

If I am employed by the Monroe County Government, I agree to conform to the policies, rules, and regulations of the government set forth in the employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required by Monroe County Government for the position I am applying, I consent to undergo a physical examination prior to being offered employment, as deemed necessary.

I acknowledge that before I can be selected for employment with Monroe County Government I must submit to a drug test. Should I be offered a job with Monroe County Government, I understand this position may require periodic drug testing.

May we contact your present employer: ____No ____Yes ____Presently not employed

You must sign this "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer:

Signature:_____Date:_____

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Alcohol and Controlled Substance Testing

As a condition of employment by Monroe County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction (this requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by Monroe County Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such examination and screening tests:

Signature: _____Date:_____