

Authorization and Agreement

I Hereby Authorize You to Contact: My Present Employer(s)	Yes	No	
My Past Employers	Yes	No	

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, including an alcohol/drug screening test and production of all necessary for the employer to verify my identity and work authorization in accordance with the requirement of the Immigration and Naturalization Services.

As an employer, the City of Hitchcock ("City" is subject to Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their job. Submission of this information is strictly voluntary and may be made to the City Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the City shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me or a duly authorized representative of the City.

I understand that consideration for employment with the City is contingent upon the results of a background, an alcohol/drug screening test and reference check. I authorize the City to investigate all statements made on my application for employment and to discuss the results of the investigation with City personnel responsible for hiring. I further authorize the City to contact my former employer(s), and listed references, and any other person who can verify or provide information about me and I give my consent for former employer(s) and other contacted persons to respond to questions relative to my potential employment with the City. I understand that the City will conduct a criminal background check, and alcohol/drug screening test and, at the City's sole option will conduct a driver's license check or require me to provide the same. Further, I release from liability all former employer(s) or other persons contacted by, and providing information to the City.

For the purpose of the background check, I am providing my date of birth and any additional names or aliases used by me.

Do Not Sign until You Have Read the Above Authorization and Agreement Statements.

Print Full Name

Date of Birth

Signature

Date

Witness (Notary)

Date