

Form PS2

INVESTIGATION AUTHORIZATION

I, _____, do hereby authorize the review of, and full disclosure of , all records concerning myself to the duly authorized agent of the City of Forest Park.

The intent of this authorization is to give my consent to the City of Forest Park to obtain from any previous employer, police agency, credit bureau, education institutions, person, or any other organization, agency, or entity, public or private, any information relative to myself so that a thorough examination of my character and credentials may be examined prior to my being considered for employment by the City of Forest Park.

I understand that any information obtained by a personal investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in any report for the City of Forest Park. I 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.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (Including Maiden Name)

Date

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

Notary Public

State of: _____

Expiration Date: _____

Form PS3

STATE OF GEORGIA
COUNTY OF CLAYTON

CONSENT, WAIVER AND RELEASE
FOREST PARK APPLICANT DRUG SCREENING CONSENT

I, _____, do hereby consent to allow the City of Forest Park, its agents and employees, to conduct a urine analysis for the purpose of screening my urine sample for evidence of marijuana, alcohol, or other chemical substances. I understand that this urine analysis and drug screening will be conducted if I am offered employment with the City of Forest Park. I also understand that the results of said urine analysis will be kept confidential by the City of Forest Park.

I hereby waive any rights to object to the taking and sampling of my urine specimen in this regard and further release the City of Forest Park, its agents and employees, from any liability for any claim or cause of action or damage whatsoever arising from the taking and sampling of my urine.

I understand that I am entitled to provide the Forest Park Personnel Department with information of any narcotic drug or other medication, be it prescribed or over-the-counter, of which I am taking at the time of the sample and testing.

I give this consent, waiver and release freely and voluntarily, and I understand the consequences of giving said consent, release, and waiver.

This is _____ day of _____ 20____.

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____
20_____ .

Notary Public

State of : _____
Expiration date: _____