

CITY OF FLORENCE

AUTHORIZATION FOR PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

NAME: _____

ADDRESS: _____

I, _____, understand that the City of Florence requires pre-employment drug and alcohol testing of all employees and agree to submit to drug and alcohol testing as a condition of employment.

Signature

Date

IF PERSON IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

By my signature below, I acknowledge that I am the parent of the above-named person as the term parent is defined in C.R.S. 13-22-107(2)(b), and I hereby authorize the City of Florence to conduct drug and alcohol testing as a condition of employment.

Parent – Print Name _____

Parent- Signature _____

Date of Signature _____

CITY OF FLORENCE

AUTHORIZATION FOR PRE-EMPLOYMENT CRIMINAL BACKGROUND
INVESTIGATION AND MOTOR VEHICLE RECORDS SEARCH

NAME: _____

ADDRESS: _____

I, _____, understand that the City of Florence requires that a criminal background investigation and motor vehicles record search will be conducted if I am considered for employment. I agree to the criminal background investigation and motor vehicle record search by my signature below.

Signature _____

Date _____