



DRUG



SCREENING



As a condition of
employment with the
City of Vienna, you **MUST**
successfully pass a Drug
Screening Test.





CITY OF VIENNA

Human Resources Department
203 West Cotton Street / P. O. Box 436
Vienna, Georgia 31092
(229) 268-4744
Fax (229) 268-6172



An Equal Opportunity Employer

NOTICE TO JOB APPLICANTS CITY OF VIENNA DRUG SCREENING POLICY

The City of Vienna has a strong commitment to its employees to provide a safe work environment and to promote high standards of employee health. The city also has a strong commitment to provide high quality public service. Consistent with the spirit intent of these commitments, the City of Vienna has determined that there is a compelling need for a City policy on drug use which includes chemical testing for recent use of controlled substances.

Upon an offer of employment by the City and prior to final appointment, all job applicants will be asked to consent to a controlled substance screening test. If the initial screening test indicates that the applicant has recently used a controlled substance, the applicant will be notified of the results. Before a test is administered, applicants will be asked to sign a consent form authorizing the test and permitting release of test results to the City of Vienna's Human Resources Department.

If an applicant refuses to consent to a drug test, or if testing indicates use of a controlled substance, the offer of employment will be retracted, and the applicant will be denied employment with the City. Applicants will be informed if they are rejected on the basis of the test results.

All information from an applicant's drug evaluation is confidential and only those with a need to know are to be informed of these results. Disclosure of such information to any other person, agency, or organization is prohibited unless written authorization is obtained from the applicant.



CITY OF VIENNA
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REQUEST FOR MOTOR VEHICLE RECORD

Requestor Information:

Requestor Name: HUMAN RESOURCES DEPARTMENT	Firm Name: CITY OF VIENNA
Street Address: 203 WEST COTTON STREET	City, State, Zip Code: VIENNA, GEORGIA 31092

It is the policy of the City of Vienna and a requirement that every employee filling a position that requires a valid driver's license have a motor vehicle record (MVR) specified grading requirements. This MVR policy applies both to drivers of city-owned vehicles and employees using personal vehicles in the course of their employment as well.

Employee MVR's will be examined prior to the date of employment and every year thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards. Continued employment with the City in a position requiring a valid driver's license will require a MVR meeting the specified standards.

All violations will be reviewed by the City Administrator and/or the Human Resources Director and may result in disciplinary action, up to and including termination, depending on the severity of the violation.

Please provide a motor vehicle record (MVR) for the following driver:

Full name (First, Middle, Maiden, Last):	License Number:
Street Address:	City, State, Zip Code:
Social Security Number:	

I have read, understood and agree to abide by the above policy.

Licensee Signature (Must be Notarized) _____	Notary Signature and Seal Here: _____
Date:	
Requestor Signature: _____	Seal
Date:	My commission expires: _____



CITY OF VIENNA
HUMAN RESOURCES DEPARTMENT
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AUTHORIZATION TO RELEASE INFORMATION

I have applied to the Mayor and City Council of the City of Vienna (hereinafter "City") for employment. Part of the employment process is an investigation and verification of information that I provide or will provide on my application for employment and in occasional reports during my employment with the City.

I do hereby authorize a review of and full disclosure of all records concerning me to the City. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics and private practitioners, and employment records, including background reports efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had any state or local criminal justice agency and/or any other information contained in your files relevant to my employment with the City.

I hereby fully and finally release and discharge the City and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization, including any and all liability which arises out of or in connection with the release or dissemination of such information. I similarly release and discharge all persons, corporations, and other entities who release any information or documents pursuant to this authorization from any and all liability therefor which arises out of or in connection with the release or dissemination of such information. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else.

I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name (printed) _____ Date _____

Address _____

City, State, Zip _____

Signature _____

<p>FOR OFFICIAL USE ONLY:</p> <p>Operators Badge Number:</p> <p>_____</p> <p>____ Has Criminal History</p> <p>____ No Criminal History</p>

Notary Public

Notary Seal

My commission expires: _____