

# CITY OF VENETA

## Document of understanding for the consideration of employment

Please read carefully and initial each paragraph.

I authorize the investigation of all statements contained in my application (and accompanying resume, if any). I also authorize the City to contact my present employer (unless otherwise noted on application form), past employers, and listed references. I understand that the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

\_\_\_\_\_ **Initials**

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in my application form (and accompanying resume, if any) to provide the City with relevant information and opinion that may be useful to the City in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ **Initials**

If the City makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the City of any and all medical information, as may be deemed necessary by the City in judging my capability to do the work for which I am applying.

\_\_\_\_\_ **Initials**

I understand that if my employment is terminated by the City for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if I am accepted for a paid position, I may not hold other employment, nor engage in sales or other activities that create a conflict of interest with my position with this City.

\_\_\_\_\_ **Initials**

I understand and agree that, if hired for a paid position, the terms of my employment shall be governed by any applicable collective bargaining agreements or policies of the City. Unless specifically provided otherwise in such bargaining agreements or policies, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, unless otherwise prohibited, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS APPLICATION FORM.

\_\_\_\_\_ **Initials**

Please supply proof that you are legally able to work in the United States.

Document Type and Number: \_\_\_\_\_

If you are being considered for a position within the Public Works Dept., please supply proof that you are legally licensed as a motor vehicle driver.

Document Type and Number: \_\_\_\_\_

By my signature below, I certify that I have read and understand this entire document and that the information I have supplied above is accurate.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Veneta is an equal opportunity employer.

**CITY OF VENETA**  
**Release and Waiver for Consideration of Employment**

To Whom It May Concern:

I request and authorize you to disclose to the City of Veneta any documents or information that it may request. I have authorized the City of Veneta to inquire concerning my background in connection with an application for employment for the City. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment which may be provided.

DATED: \_\_\_\_\_  
(valid for 30 days after above date)

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_