

APPLICANT'S CERTIFICATION AND RELEASE

I certify that I have received, read and understand the job description associated with the position for which I am applying.

I certify that all the information provided by me in connection with my application is true and complete, without evasion, and I further understand and agree that such statements may be investigated and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, immediate termination.

This application for employment shall be considered active, for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with my application for employment with the City of Sinton, I understand and agree that investigative inquiries are to be made on myself including, but not limited to, consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment. I understand and agree that the City of Sinton can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences or associations. I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character, and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed Name: _____

APPLICANT'S CERTIFICATION AND RELEASE (cont'd.)

Signature: _____ Date: _____

Notarized this the _____ day of _____, 20_____.

Notary Printed Name: _____

Notary Signature: _____

[Notary Seal]

CITY OF SINTON
INFORMED CONSENT AND RELEASE OF LIABILITY

I UNDERSTAND that according to the City of Sinton's policy, I am required to submit a sample of urine and or blood for chemical analysis. I understand that the analysis will be conducted by qualified laboratory personnel.

THE PURPOSE of this analysis is to determine or rule out the presence of certain non-prescribed or prohibited dangerous controlled substances in my body and indicate the levels found.

I CONSENT freely and voluntarily to this request for a urine and blood sample. I freely and herewith release the City of Sinton, its employees, agents and contractors from any liability whatsoever arising from this request to furnish these samples, its testing and the decisions made concerning my application for employment based on the results of the analysis. Should I refuse to consent and undergo this test, I understand I will be removed from consideration from employment by the City of Sinton.

I UNDERSTAND

1. A documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process;
2. Should my sample test positive, a second more comprehensive test will be conducted to confirm the results of the first test;
3. A confirmation will eliminate me from consideration for employment or volunteer service with the City of Sinton for a period of six (6) months; and
4. That I will nevertheless, be given an opportunity to show that I am currently and lawfully taking a course of medication and any attempt to adulterate my sample will be considered a confirmed positive test result.

I FURTHER UNDERSTAND that results of testing are confidential medical records which shall be revealed by the laboratory ONLY to the City Manager, City of Sinton; other City officials with a need to know as determined by the City Manager, and the physician/clinic conducting the analysis.

Dated this _____ day of _____, 20 _____.

Witness to Signature of

Signature of applicant being tested

**CITY OF SINTON
301 EAST MARKET STREET
SINTON, TEXAS 78387
(361) 364-2381 (361) 364-3781 FAX**

DRIVING INFORMATION REQUIRED FOR EMPLOYMENT

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE
STATE & NUMBER: _____

TYPE OF LICENSE: _____

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)