



**City of Albuquerque
Pre-Employment
Medical/Substance Abuse
Consent Form**

Applicants under the age of 18

I hereby give permission for the below named applicant to be employed by the City of Albuquerque.

I hereby give my permission to the City of Albuquerque to refer the below named applicant for a complete medical examination and, if necessary, a T.B. skin test.

I understand the City of Albuquerque is a drug free workplace. I hereby give permission for the City of Albuquerque to give the applicant a substance abuse test in accordance with the City of Albuquerque Substance Abuse Policy dated February 7, 2006, including pre-employment, random, post accident and/or reasonable suspicion testing.

I hereby give the City of Albuquerque permission to refer the below named applicant for treatment of a work related injury or occupational disease.

Applicant (Print Name)

Signature

Social Security Number

Date of Birth

Parent or Guardian Signature

Date
Rev. 3/2009



City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

In connection with my application of employment with the City of Albuquerque, hereby known as "Hiring Entity" I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Rediscovery of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment or as a volunteer. I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

Applicant Signature Date

Parent/Guardian Signature (If under 18) Relationship Date

APPLICANT INFORMATION - Please complete ALL blanks					
_____ Last Name	_____ First Name	_____ Full Middle Name	_____ Social Security Number		
_____ Maiden Name	_____ Other Names, Nicknames or Aliases used		_____ Date of Birth (Month/Day/Year)		
_____ Present Address	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long
_____ Driver's License Number	_____ State Issued	_____ Expiration Date	_____ Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/>		
City of Albuquerque Information:					
Department/Job Title: _____		Department No: _____			
Position Applying for: _____		Requested BY: _____			