



**City of Buchanan**  
**4300 GA Hwy 120**  
**Buchanan, GA 30113**  
**770-646-3081**

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## City of Buchanan SUBSTANCE AND ALCOHOL ABUSE POLICY STATEMENT

The City of Buchanan is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any City of Buchanan employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, under authority of Georgia Law (O.C.G.A. 34-9-410) and ***the Fourth Amendment to the United States Constitution as it covers employees of governmental entities*** the City of Buchanan has established the following policy:

1. It is a violation of City of Buchanan policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. It is a violation of City of Buchanan policy for any employee to report to work under the influence of or while possessing in his or her body, blood, or urine illegal drugs in any detectable amount.
3. It is a violation of City of Buchanan policy for any employee to report to work under the influence of, or impaired by alcohol.
4. It is a violation of City of Buchanan policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed.
5. Violations of this policy are subject to disciplinary action up to and including termination.

The confidentiality of any information received by the City of Buchanan through a substance abuse testing program shall be maintained, except as otherwise provided by law.

### **WHO DO WE TEST?**

All employees performing safety-sensitive functions, and all final applicants for positions where safety-sensitive functions are performed and all other employees where reasonable suspicion exists.



## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to specimen tests as shall be determined by City of Buchanan in the selection process of applicants for employment in a safety-sensitive position, for the purpose of determining the drug content thereof.

I agree that City of Buchanan may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the City of Buchanan for analysis.

I further agree to and hereby authorize the release of the results of said tests to the City of Buchanan.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this City of Buchanan.

I further agree to hold harmless the City of Buchanan and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the City of Buchanan's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

### APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WITNESS:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_