



Village of Adelphi

11759 Market Street, P.O. Box 568, Adelphi, Ohio 43101

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Mayor and Clerk (740) 655-3445 Administrator (740) 655-3443  
Fax (740) 655-3115 website: www.adelphi.ohio.com

**Applicant Release Form**

I, \_\_\_\_\_, presently residing at

\_\_\_\_\_

have applied for employment with the Village of Adelphi. I have been advised and am fully aware that a representative of the entity will be conducting a thorough investigation of my background to assist in determining my suitability for this employment/membership. I realize that, in conducting this background investigation, representatives will be making inquiries of: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Motor Vehicle Record (MVR) investigation for current and future driving records; Credit Bureaus and/or firms who may have information regarding my credit history and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Department deems necessary.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the entity. I further consent that the entity official or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Village of Adelphi or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances. If accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the Village of Adelphi and understand that the taking of such tests is a condition of my continued employment.

I also recognize the right of the entity to periodically perform additional checks of my criminal, medical, motor vehicle, or financial records as a condition of my continued employment.

\_\_\_\_\_  
Signature of Applicant                      Date

Authorized By: \_\_\_\_\_

Title: \_\_\_\_\_