



Authorization for Background Investigation and Release of Information

Following a conditional offer of employment, and as part of the hiring and employment process and pursuant to its policies, the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. "SWDA" will perform a public record information search and/or an investigative consumer report search on individuals seeking employment. Such individuals will be required to maintain satisfactory criminal history records, pertinent to their position, as a condition of employment.

I, _____, hereby authorize and give consent for the Baldwin SWDA to obtain information pertaining to myself. This includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Information
- Social Security Number Verification
- Driver's License Currency and Check
- Driving Record
- Credit History – if applicable to position
- Other Background Information Deemed Necessary by the SWDA

I understand that this information will be used, in part to determine my eligibility for employment. The records being checked are covered by the Fair Credit Reporting Act (FCRA). The FCRA gives me specific rights in dealing with agencies that provide these reports to the SWDA. Before making any adverse employment action, which is based on the information received from a criminal background check, the SWDA will notify me in writing and will provide me with a copy of the report and "A Summary of Your Rights Under The Fair Credit Reporting Act". 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. By signing this form, I authorize the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. to periodically access and review state and federal criminal history records and make reasonable efforts to determine where I have been convicted of, or are pending indictment for, a crime that bears upon my fitness to be employed.

Date

Name of Applicant (Print)

Signature of Applicant

Date of Birth

Social Security Number

Driver's Licenses # / Expiration

Position Applied for



It is the policy of the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. "SWDA" that all employees applying for a position that has been designated as safety-sensitive will be required to submit to a pre-employment drug and alcohol test before a final offer of employment is extended.

BCC employees transitioning to SWDA: All pre-testing offers of employment to such persons are explicitly conditioned on the employee successfully taking and passing the drug and alcohol test. Employees hired after October 1, 2023: All pre-testing offers of employment to such persons are explicitly conditioned on the employee successfully taking and passing the drug and alcohol test and undergoing a routine pre-employment physical exam.

It is the policy of the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. that all employees or any person performing any kind of work for the SWDA must report to work completely free from alcohol, illegal or unauthorized drugs, or any other substances that may have a mind-altering or intoxicating effect or otherwise impair the employee's judgment, reaction times or functioning. The SWDA also prohibits all employees from using, possessing, manufacturing, distributing, or making arrangements to distribute alcohol, illegal or unauthorized drugs, or any other intoxicating substances while at work or on or about any SWDA property.

APPLICANT CONSENT

Authorization to Perform the Urine and/or Breath Testing:

I, _____, understand that by accepting employment with Baldwin SWDA, I agree willingly to participate in the urine and/or breath testing program under the provisions set forth on the alcohol and controlled substance abuse policy. I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed, and my employment offer will be rescinded. If the test is confirmed as positive, the results will be reported to the Human Resources Director. An exception will be reviewed for the use of legally prescribed medications taken under the direction of a physician.

Authorization to Perform the Medical Examinations:

I also hereby authorize and give my consent to a qualified medical representative and/or physician to conduct the above-mentioned physical examination to also include, without limitation, a drug screening urine analysis all as part of the pre-employment requirements. I understand that, submitting to such examinations does not guarantee employment with SWDA. I understand that if I decline to sign this consent form and further decline to take the physical exam as has been requested, then the medical examination will not be completed, and an offer of employment will either not be extended or will be withdrawn, if previously made.

Authorization to Release Sensitive Medical Information:

I further authorize SWDA's designated physician, medical personnel or testing facility to release to SWDA any and all results of such physical examination and testing along with any relevant medical information.

Signature

Print Name

Witness

Date