

Agreements and Certifications:

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment.

I authorize representatives from the City of West Haven Fire Department Allingtown to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to the City of West Haven Fire Department Allingtown and hereby release all such persons and waive any and all claims, demands, or causes of action whatsoever, in connection with the request for and release of such information.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsification will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this application as necessary to arrive at any employment decision.

I understand that nothing stated by the City of West Haven Fire Department Allingtown, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the applicant and the City of West Haven Fire Department.

I have read, understand and agree to the foregoing.

Signature of Applicant

Print Name

Subscribed to and sworn to before me at _____ on this the _____ day of _____.

Notary Public Seal Required