

PRE-EMPLOYMENT CHECKS AND TESTING

Equal Opportunity Employer

TOWN OF PLAINVILLE
HUMAN RESOURCES DEPARTMENT
1 CENTRAL SQUARE
PLAINVILLE, CT 06062

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Plainville.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. **Further, in consideration of my employment, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that, subject to any applicable collective bargaining agreement, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.** It is further understood that this “**at-will**” employment relationship may not be changed by any written document or by conduct unless the Town Manager specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Town has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Town should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I will be subject to a drug test and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Applicant's Signature: _____ **Date:** _____

Please note, if completing this form as a fillable PDF, typing your name will serve as your e-signature. Please check this statement to signify reading and understanding this statement.