

I, the undersigned applicant, will submit to a drug screening at any time upon the request of the Village of Bald Head Island Department of Public Safety.

Signature of Applicant

Date

PUBLIC LAW 91-508 AND G.S. 114-19.12 REQUIRES THAT WE ADVISE YOU THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. FURTHER INFORMATION ON THE NATURE AND SCOPE OF THE REPORTS, IF MADE, WILL BE MADE AVAILABLE TO YOU UPON WRITTEN REQUEST.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT INDICATE THERE ARE OPEN POSITIONS AND DOES NOT OBLIGATE THE VILLAGE OF BALD HEAD ISLAND DEPARTMENT OF PUBLIC SAFETY IN ANY WAY. I AUTHORIZE THE PROCUREMENT OF ALL AVAILABLE INFORMATION AND REALIZE THAT ANY EVIDENCE OR FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL BE CONSIDERED ADEQUATE CAUSE FOR DISCHARGE.

I FURTHER UNDERSTAND THAT I WILL ABIDE BY THE VILLAGE OF BALD HEAD ISLAND DEPARTMENT OF PUBLIC SAFETY RULES AND REGULATIONS, ATTEND MEETINGS AND TRAINING CLASSES REGULARLY AND CARRY OUT ORDERS GIVEN TO ME BY APPOINTED OFFICERS TO THE BEST OF MY ABILITY.

I HEREBY CERTIFY THAT MY ANSWERS TO EACH OF THE FOREGOING QUESTIONS IS TRUE.

SIGNATURE OF APPLICANT

DATE

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE

_____ County, North Carolina

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____

Date: _____

(Official Seal)

Signature of Notary: _____

Notary's printed or typed name: _____

My commission expires: _____