## (Parish Name)

## Addendum to Employment Application

| I understand that if offered a position with   | (Parish), I may |
|--|-----------------|
| be required to submit to a pre-employment medical examination, drug screening and/or                                 |                 |
| background check as a condition of employment. I understand those unsatisfactory results                             |                 |
| from, refusal to cooperate with, or any attempt to affect the results of these pre-employment                        |                 |
| tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. |                 |
|  |                 |
| Applicant Signature Date   |                 |