

CONTINGENT JOB OFFER FORM

City of St. Joseph, Missouri

This form must be forwarded to Risk Management immediately after a contingent job offer has been made. **ONLY SEND ONE COPY OF THIS FORM TO RISK MANAGEMENT!** If you fax it, there is no need to also send it by mail. Thank you.

Name of Applicant: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____ Alternate Phone: _____

Job Title: _____

Does the position require a CDL (Commercial Driver's License)? Yes No

Department: _____

Division: _____

Date offer was made: _____

Appointing Authority's Signature: _____

Date: _____

Risk Management Office Use Only

Applicant Contacted: _____

Dept./HR Tech Contacted: _____

Testing Date: _____

CDL Records Forms: _____

Collection Site: _____

CDL Records Requested: _____

Results Received: _____

CDL Records Received: _____