



# CARE STAFFING

Professionals

## BACKGROUND INVESTIGATION and DRUG/ ALCOHOL TESTING AUTHORIZATION

I, \_\_\_\_\_, hereby authorize **CARE STAFFING PROFESSIONALS, Inc.** and/or its agents to make an independent investigation of my background, references, characters, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company. As part of the application process, I understand that according to the **CARE STAFFING PROFESSIONALS, Inc.** Substance Abuse Policy and Control Program, I am required to participate in a fit for duty examination, including urine and/or blood screens or other medical examinations for alcohol, drugs and controlled substances. I understand that if the test results indicate that I have been consuming any illegal or no prescribed drugs, these findings will disqualify me from employment with **CARE STAFFING PROFESSIONALS, Inc.**

I also understand as a condition of any offer of employment, that I will be required to participate in any requested future fit for duty examinations based upon "reasonable suspicion", "for cause", or any other lawful reason(s). These tests may be, but are not limited to urine, and/or blood screens or other medical examinations and will test for any use of alcohol, drugs or controlled substances. I also understand, as a condition of employment, that I may be subject to random drug testing. I consent to these future examinations, including specimen collection and the release of test results to the company. I understand that if at any time refuse to submit to, release the results of, these examinations or if the test results indicate that I was under the influence of alcohol or that I was consuming any illegal or non-prescribed drugs, these findings will result in immediate removal from the worksite and the appropriate disciplinary action, up to and including termination.

I further understand that all drug/alcohol testing will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I consent to the release of the results of any drug test to authorized representatives of **CARE STAFFING PROFESSIONALS, Inc.** for appropriate review. I release **CARE STAFFING PROFESSIONALS, Inc.** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Please Print Other Names You Have Used

\_\_\_\_\_  
Social Security Number - Your social security number will be used to confirm your identity for completing the investigation testing.

\_\_\_\_\_  
Date of Birth - The Age Discrimination in Employment Act of 1967 prohibit discrimination on the basis of age with respect to individual who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided at the hiring with consideration of our application for employment.