

Screening Agreement and Release

Employee Name: _____ SSN: _____

Other Names & Dates that were used: _____

Drivers License No: _____ DL State: _____ Date of Birth: _____

Current Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

I have been at the address since (month/year): _____

Drug Use and Testing

I understand that EmpHire prohibits the use of illegal drugs. I have agreed to provide a urine, blood, hair, or saliva specimen (as permitted by law) to be tested for the presence of drugs, alcohol, or prescription medication taken without a prescription. I understand and agree that such a test may take place *prior to* or *during* my employment, as a condition of assignment to certain job positions, or if there is any reasonable suspicion of any drug or alcohol use. **I understand that company policy requires a drug and alcohol test after any on-job accident or injury.**

I hereby authorize and give full permission to all such tests and acknowledge my understanding that a **positive drug test or refusal to submit to a required drug test means I will not be hired and is grounds for dismissal** if I am a current employee of EmpHire. I agree to hold harmless, meaning I will not sue or hold responsible, EmpHire or its agents, clients or any clinic, individual or test product manufacturer that may conduct or provide a drug or alcohol test from any and all alleged harm or claims resulting from such a test, even if in error, and from any action taken on the basis of test results, including refusal, withdrawal or termination of a job offer or position.

Signature _____ Date _____

Criminal Background Check

I hereby authorize EmpHire, its affiliates, and their designated agents and representatives to conduct a comprehensive review of my background and generate an investigative consumer report to aid in consideration of my employment or assignment application. I understand and agree that such a test may take place *prior to* and/or *during* my employment, as a condition of assignment to certain job positions. I also understand that the scope of the investigative consumer report may include, but is not limited to the following:

- Verification of Social Security Number;
- Verification of current and prior residence addresses;
- Criminal records search in any court or agency in any or all district, state or county jurisdictions;
- Verification of employment history;
- Verification of birth records;
- Check of motor vehicle records, including registration and traffic citations;
- Search of other court or public records; and
- Interviews with third parties relative to my character, reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and any law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to EmpHire, its Affiliates, or their agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, including information or data that may have been received from other sources.

I hereby release the Social Security Administration, EmpHire, its Affiliates, and their agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature _____ Date _____