

Authorization for Release of Information And Drug Test Consent



Applicant Information

Position applied for	Social Security	Date
Name (Last, First, MI)		Phone
Other names you have been known by (maiden/married/other)		DOB
Address: Street	State	Zip Code
City		
Other cities that you have lived in the past 7 years		
Driver License #:	State Issued:	Exp. Date:

Agreement

As part of the hiring process, or as part of my employment, I understand that the Family Health Center may obtain a report for employment purposes, concerning my employment history, qualifications, military record, education, character, general reputation, personal characteristics, and criminal background record.

As a prospective employee of Family Health Center (FHC), I understand that the use of drugs, alcohol and other controlled substances in the workplace creates safety and other concerns for the company and co-workers. In the interest of maintaining a safe working environment, I hereby give my consent for FHC to conduct such drug tests as it considers appropriate. I authorize laboratory and/or medical personnel retained by FHC for said drug tests to release the results to the FHC. I understand that satisfying these tests is a condition for employment. I also understand that any applicant/employee providing false information and/or attempting to contaminate, tamper with a specimen or provide a specimen other than his or her own will not be considered for employment and/or will be discharged. I further understand that if the tests are positive, and for this reason I am not hired, I may explain the results of the test. I release the laboratory and/or medical personnel conducting the drug or alcohol test, FHC, and FHC's employees, directors, officers, agents, insurers and successors from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests, and I agree not to file any lawsuits or other actions to assert such claims.

I also authorize any present or former employers, or other entity conducting an investigation of me, educational institutions, criminal justice agencies, public agencies, and/or any other person or agency having potential knowledge concerning me to provide information or opinions to FHC, and its agents and representatives for employment-related purposes. I further specifically authorize FHC, its agents and/or any third-party to conduct an investigation into any alleged misconduct at any point during my employment. I release all the above referenced parties, FHC, and FHC's employees, directors, officers, agents, insurers and successors from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may arise from such background checks/provision of information, including, but not limited to, the release of information, and any statements or opinions made regarding me and I agree not to file any lawsuits or other actions to assert such claims.

Disclaimer and Signature

By my signature below, I acknowledge that I have read and understood all of the above statements and authorizations.

Signature: <i>Please type your full name above if submitting this form electronically</i>	Date:
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