



Healthcare
Progressive
Staffers

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Pre-Employment Drug Screen and Background Check Consent Form

I hereby consent to submit a urinalysis test by an official drug-screening vendor chosen by HPStaffers. I also consent to a criminal background check and will supply all information required.

I agree that LabCorp/Quest Diagnostic may collect these specimens for the 10-panel drug screening. I consent that these test results may be forwarded/released to HPStaffers.

I understand that the current use of illegal drugs would prohibit me from being employed by HPStaffers. I also agree that all background checks will be reviewed and any felony convictions that will compromise the safety of patient care will disqualify me from employment.

I further agree to hold harmless HPStaffers or its agents, physicians, or clinics from any liability arising in part or whole, out of the collection of specimens, testing, and use of the information from said testing, in connection with the company's consideration of my application for employment.

I agree and have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part. I certify that all of the personal information I provided is true and correct.

Applicant:

Name: _____
First, Middle, Last

Other Names: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Other Addresses (last 7 years):

Signature Date