



Permission for Criminal Background Check, Driver's Record and Drug Screen

I have been informed that this Agency requires a criminal background check to be performed by the State Police in this state and may require a negative drug screen as conditions for employment.

If a drug screen is required, either the Agency or the facility will conduct a drug screen in an approved laboratory. The Agency will pay for the routine test. I understand that if my test is questionable, and further testing is required, the Agency will deduct the additional charges from my first paycheck.

I grant permission to the Agency to conduct a background check on me, the undersigned, through the State Police, and the State Department of Transportation if applicable. I understand that failure to have acceptable records may be cause for immediate termination of employment.

My signature authorizes the Agency to release the results of the background check, drug screen and other related health screenings to contracted facilities.

Full Name (Please Print)

Social Security Number

Signature

Sex

Maiden Name or Aliases

Race

Date of Birth

City of Birth