

**ATTENTION**

If you are under 18 years of age, you are required to provide proof of employment eligibility (working papers) from your home school at time of application submission.

**ACKNOWLEDGEMENT OF PRE-EMPLOYMENT**

**DRUG SCREENING POLICY**

I understand that any offer of employment will be conditional upon me successfully passing a urine drug screen for amphetamines, cocaine, opiates, marijuana, and phencyclidine, before I begin employment at Oneida Healthcare Center. I further understand that a positive drug test or refusal to take a drug test will mean that an offer of employment to me will be withdrawn.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**HEALTHCARE EMPLOYMENT SCREENING**

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with  
**Oneida Healthcare Center**

I hereby fully release and discharge you, Healthcare Employment Screening (HES) and Commercial Investigations, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from either HEALTHCARE EMPLOYMENT SCREENING, 4500 S. 129th E. Ave. Suite 200, Tulsa, OK 74134-5885 or Commercial Investigations (518) 271-7546. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I also understand that Oneida Healthcare Center may verify any licenses, certifications, or other credentials I possess.

Print Name

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Applicant's Signature

\_\_\_\_\_

Date