

## PRE-EMPLOYMENT ALCOHOL AND DRUG TESTING CONSENT AND RELEASE FORM AND CERTIFICATE OF AGREEMENT

I understand that as a condition of employment at Welcome Nursing Home, I must submit to a urine drug screen after I have received a conditional offer of employment.

I hereby consent to submit to a urinalysis and/or other tests as shall be determined by Welcome Nursing Home in the selection process of applicants for employment, for the purpose of determining the drug or alcohol content thereof.

I agree that Mercy Occupational Health Center may collect and test samples of my urine, breath and/or blood for chemical or other analysis or forward the specimen(s) to a testing laboratory for analysis.

I further agree to and hereby authorize the release of the test results to Welcome Nursing Home.

I understand that it is the current use of any physical or mind altering substance or any controlled substance as defined by applicable state and/or federal law, including, but not limited to, any non-prescribed drug, narcotic, heroine, cocaine, marijuana, or prescribed drugs that are abused or not used as directed by a physician and/or alcohol in excess of the permissible level that would prohibit me from being employed by the Company.

I further agree to hold harmless Welcome Nursing Home, its employees and agents (including the above testing company, physician, and/or laboratory) from any liability arising in whole or part, out of the collection specimens, testing, and use of the information from this testing in connection with Welcome Nursing Home's consideration of my application of employment.

I further understand that this Consent and Release Form does not constitute a contract, express or implied, of any kind between Welcome Nursing Home and me.

I further agree that a reproduced copy of this Consent and Release Form shall have the same force and effect as the original.

I 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 and that I have not been coerced into signing this document by anyone.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date