



### **Consent for Background Check & Drug Test**

You are authorizing American Medical Personnel to conduct an investigation of your background, driving record/motor vehicle registration, references, character, past employment, education, criminal or police records for the purpose of confirming the information contained on your application and according to American Medical Personnel's client requirements or regulations.

You understand that if the investigation results do not meet the minimum client requirements, you can't be employed at that client.

You are consenting to submit to the testing of illegal drugs pursuant to American Medical Personnel's client requirements or regulations. You understand that some of American Medical Personnel's clients require pre-employment drug testing, regular drug testing or random drug testing.

You understand that if the test results do not meet the minimum client requirements, you can't be employed at that client, and if you are already employed with that client, your employment may be terminated.

You agree to notify American Medical Personnel within five days of any criminal conviction or a drug-related offense occurring during your employment.

You agree that if you ever make a claim of personal injury or illness while employed through American Medical Personnel at a client, you will submit to examinations by physicians of your selection and undergo a drug screening.

You agree to release American Medical Personnel, its clients, and any hospital, clinic, laboratory or medical review officer selected to conduct the test(s) or to analyze the results from any liability for the above actions.

You understand that any investigation processed by American Medical Personnel belongs to American Medical Personnel and if you wish to receive copies, you will be responsible for reimbursing American Medical Personnel for costs incurred for each investigation.

You have read this release in full and understand and consent to all of its terms.

You are signing voluntarily with full knowledge of its significance.

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Print your full name above

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Sign your full name above

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Date signed