



Specializing in Healthcare Staffing Since 1995
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Authorization Form

Drug Screen Authorization

I, _____, fully understand that as a condition of my Employment with Ocean to Ocean Healthcare, I agree that Ocean to Ocean requires that all employees have a drug screen of hair, urine, or blood prior to employment, and at any time during my employment if suspicion, per applicable policy(s) authorizes. I understand that I shall be tested for the following: Amphetamines, PCP, THC, Opiates, Cocaine, Barbiturates, Benzodiazepines, Methadone, Methaqualone, Propoxyphene, and Alcohol. I fully understand that my refusal to submit to and fully cooperate in this drug screen as set forth by Ocean to Ocean Healthcare policy, will constitute cause for disciplinary action including termination of employment, or withdrawal of an offer of employment. I understand that I may be asked to provide documentation from a physician for prescribed medications. I understand that misrepresentation of or omission of any information on this consent will be grounds for termination or refusal to hire. I give Ocean to Ocean Healthcare permission to release this information to all facilities in which I may be working and to the State Board of Nursing. I hold Ocean to Ocean Healthcare harmless for any resulting effects from release of this information. I consent to have my urine tested for drugs.

Please list any medication you have taken in the last 3 months including any over-the-counter medications.

Three horizontal lines for listing medication.

INITIAL _____

Background Check Authorization

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself including consumer credit, criminal convictions, motor vehicle, education and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report- including all applicable information as to his or her character, general reputation, personal characteristics, mode of living- may be made. If you are denied employment because of the consumer investigation, it is you're right under the Fair Credit Reporting Act (Law 91-508) SS 606. To have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied to those agencies within sixty days upon written request. You have the right to directly dispute with the consumer-reporting agency the accuracy and completeness of any information furnished by that agency. I authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I release Ocean to Ocean Healthcare and the Background Network and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for employment verifications, credit inquires and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

INITIAL _____

Have you ever been convicted of a felony or misdemeanor within the last 10 years? Yes or No
If Yes, Provide Explanation: _____

Offense: _____ Year it occurred: _____ In What County: _____

Employee Signature _____ Date _____