



AZ Clinical Services

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Lance Hoffman, Director of Operations

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO (Continued on Page 2)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

All applicants must consent to drug testing and background check before hiring. See pages 3 and 4 for Consent forms.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

CONSENT AND RELEASE FOR EMPLOYMENT DRUG SCREENING

As a condition to my employment at AZ Clinical Services, I agree to submit to a urine drug test, also known as a urinalysis. The purpose of this urinalysis is to determine the use of controlled substances in my body.

I understand that the results of this urinalysis, if confirmed positive, may remove me from consideration for employment at AZ Clinical Services.

A positive test indicates the presence of marijuana, cocaine, opiates, amphetamines, and/or phencyclidine.

For the sole purpose of this urinalysis, I authorize my Employer's Authorized Agents to collect samples of my urine, and to use these samples or to forward these samples to a testing laboratory chosen by AZ Clinical Services for analysis. I also authorize these results to be reviewed by a Medical Review Officer (MRO).

I agree that a reproduced copy of this Consent and Release for Employment Drug Screening shall have the same force and effect as the original.

I further understand that if I am taking prescription drugs approved by a medical physician, I am encouraged to furnish said prescription to the MRO for review, when required.

I have carefully read the foregoing, and I fully understand its contents. I agree that my signing of this Consent and Release for Employment Drug Screening is voluntary, and that I have not been coerced into signing this document.

Applicant Name

Applicant Email

Applicant Signature

Date

BACKGROUND CHECK AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures.

By my signature below, I authorize AZ Clinical Services to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners.

AZ Clinical Services will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization.

I understand that if AZ Clinical Services hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows.

I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

I authorize AZ Clinical Services and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name

Legal Guardian Name (if applicant is under 18)

Applicant/Legal Guardian Email

Applicant/Legal Guardian Signature

Date

For a paper copy, contact at TrueScreen, Inc P.O. Box 541, Southampton, PA 18966 or 800-260-1680