



## **DRUG TESTING AGREEMENT FOR PRE-EMPLOYMENT, VOLUNTEERS, AND/OR INTERNSHIPS**

I hereby consent to submit to a urinalysis and/or other tests as shall be determined by The Bridge, Inc. in the selection process of applicants for employment, volunteers, and/or internships for the purpose of determining substance use.

I agree that The Bridge may collect these specimens for the tests and forward them to the designated health care provider / Medical Review Officer (MRO) for analysis.

I further agree to, and hereby authorize, the release of the results of said tests to The Bridge's MRO, and from the MRO to The Bridge. Positive results may be reported to The Bridge by the MRO.

I understand that the current use of drugs and/or alcohol shall prohibit me from being employed, volunteering or interning with The Bridge.

I further agree to hold harmless The Bridge and its agents (the designated health care provider and MRO) from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with the company's consideration of my application for employment, volunteering, and/or internship.

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 by anyone to sign this document.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my employment, internship, or volunteering with The Bridge, Inc., or as a condition of my continued employment, The Bridge, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal or civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to procurement of such a report by The Bridge, Inc. I understand that, pursuant to the federal Fair Credit Reporting Act, The Bridge will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with The Bridge. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Additional information required for completion of the Report:

*(please print):*

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant/Volunteer/Intern/Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print or Type Name*

The Bridge, Inc., Corporate Office, Human Resources Department  
3232 Lay Springs Rd., Gadsden, AL 35904 • Telephone 256-546-6324 • Fax 256-546-9038



## AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the Alabama Department of Mental Health and Mental Retardation (DMH/MR) and its employee and agents to release, within one year of this date, any and all information in its files pertaining to my previous employment, including but not limited to: job applications and supporting documentation, performance evaluations, disciplinary records, official forms of all manner, educational records and/or transcripts, licenses, certifications, reports of background checks and records of conviction. Such information will be used as part of an investigation to determine my qualifications for employment with The Bridge, Inc. I hereby release the DMH/MR and its employees and agents, including the custodian of such records, from any and all liability for any damages which might result to me, my family, or my heirs, as a result of its release of information in compliance with, or pursuant to, this authorization, or any attempt to comply with it. Should there be any question as to the validity or authenticity of this release, I may be contacted as indicated below:

Full Name: \_\_\_\_\_  
(No Initials) (Signature)

Full Name: \_\_\_\_\_  
(No Initials) (Typed or Printed Name)

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## VOLUNTARY SELF-IDENTIFICATION (Confidential – for statistical use only)

The Bridge, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for EEO reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

### PLEASE COMPLETE IN FULL:

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex:  Male  Female

**ETHNIC GROUP** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaskan Native** – A person having origin in any of the original peoples of North America, Central America, or South America, and who maintains tribal affiliation or community attachment.
- Asian** – A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, or Vietnam.
- Black or African American** – A person having origin in any of the black racial groups of Africa.
- Hispanic or Latino (all races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** – A person having origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origin in any of the original peoples of Europe, North Africa, or the Middle East.

**Race missing or unknown** – Applies to Applicants only, when a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

### Personal and Confidential

This self-identification form will be separated from the application  
and will not be used in the employment decision.

The Bridge, Inc., Corporate Office, Human Resources Department  
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## PREVIOUS EMPLOYMENT VERIFICATION REQUEST

*I give The Bridge, Inc. the right to contact and obtain information from previous employers and to verify the accuracy of the information that I have provided in my Application for Employment. I hereby release from liability The Bridge and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.*

\_\_\_\_\_  
*Printed or Typed Name of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Name of Firm		Telephone Number Area Code (    )		Fax Number Area Code (    )	
Beginning Date	Ending Date	Ending Salary	Supervisor		
Job Duties					

Dear Previous Employer:

Please provide the following information regarding the former employee named above:

Is the information provided by the former employee regarding dates of employment, pay rate, and job duties correct? Yes  No  If no, please provide corrected information.

How would you describe his/her performance?  Poor  Average  Excellent

Did he/she get along well with co-workers and managers?  Poor  Average  Excellent

How well did he/she perform without supervision?  Poor  Average  Excellent

Why did he/she leave your company?

Is he/she eligible for rehire? Yes  No

Do you have any knowledge of: felony convictions-Yes No ; any forms of harassment -Yes No  
 child abuse-Yes No; domestic violence-Yes No; sexual harassment or sexual abuse - Yes No

Additional Comments :

\_\_\_\_\_  
*Signature of Person Providing Reference & Job Title*

\_\_\_\_\_  
*Date*

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