



## **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 REPORT

Please Read the Following Statements Carefully

Please be advised that The Bridge, Inc. may obtain a Consumer Report about you in order to evaluate your eligibility for **employment, internship, volunteering, or as a condition of continued employment.** The Consumer Report (background information) may include, but is not limited to, employment history and reference checks, criminal and civil history information, motor vehicle records (driving records), drug testing, information related to your social security number, information concerning workers' compensation claims, sex offender status reports, education verification, professional licensure verification, credit information and history.

I understand that, pursuant to the federal Fair Credit Reporting Act (FCRA), The Bridge will provide you with a copy of any information in your file that has been used against you, including the name and address of the agency that provided the information.

The Undersigned hereby acknowledges that he/she has read the forgoing disclosure and authorizes The Bridge to obtain "consumer reports."

Additional information required for completion of the Report:

### PLEASE PRINT

Full Current Legal Name

\_\_\_\_\_  
(First) (Middle) (Last)

ALL Former Names / Maiden Name /Nick Name(s) / Alias (es) (Enter N.A. if does not apply)

\_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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



## 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.

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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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