

Background Screening Authorization Form

Date:	Driver's License #:	State Issued:
Full Name (First, Middle, Last):		
Maiden and/or Other Last Names Used:		
Current Address:		
City:	County:	State and Zip Code:
Date of Birth (MM/DD/YYYY):	Social Security Number:	Gender (Male/Female):

This authorization and consent for release of personal information acknowledges that Paramount Staffing (hereafter referred to as "Company") and/or its agent, Background Investment Bureau, may now, or at any time I am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the Company to release any information obtained from these searches to any potential employers for the consideration and eligibility of a potential employment offer.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agents and/or associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verifications.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, THAT GROUNDS FOR THE CANCELLING OF ANY AND ALL OFFERS OF EMPLOYMENT POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Employee Signature

Date

Employee Printed Name

Medical Screening Authorization Form

I hereby agree, upon request made under the drug/alcohol testing policy of Paramount Staffing, to submit to a drug screening and to furnish a sample of my urine for analysis. I understand and agree that if, I, at any time refuse to submit to a drug or alcohol test under company policy, or if I other fail to cooperate with the testing procedures, I will be subject to immediate termination or disqualification of employment. I further authorize and give full permission to have Paramount Staffing send the specimen or specimens collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Paramount Staffing. Finally, I authorize Paramount Staffing to disclose any documentation relating to such test to any potential employer for the consideration or eligibility of employment.

I understand that only duly-authorized company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from potential employers.

I will hold harmless, Paramount Staffing, and any testing laboratory that Paramount Staffing might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Paramount Staffing or the laboratory representative makes an error in the administration of analysis of the test or the reporting of the results. I will further hold harmless Paramount Staffing and any testing laboratory Paramount Staffing might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the above paragraph.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT PARAMOUNT STAFFING WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH.

Employee Signature

Date

Employee Printed Name