

24/7 Staffing Solutions

Consent for Drug Screening

I, _____, give my consent to be screened for drugs prior to being hired for employment with 24/7 Staffing Solutions. I understand the need to screen for use of drugs or illegal substances to ensure that only the highest quality of nurses are hired by 24/7 Staffing Solutions.

I likewise consent to be screened for drugs any time and at any hospital that I shall be assigned to by 24/7 Staffing Solutions.

I am fully aware that if my Drug Screen Result is positive, I will be ineligible to work with 24/7 Staffing Solutions.

I hold 24/7 Staffing Solutions free from any liability should results of my drug screening influence future employment.

Name: _____ Witness: _____

Signature: _____ Signature: _____

Date: _____ Date: _____