



Catholic Charities of Northwest Florida

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by Catholic Charities of Northwest Florida in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that Professional Health Examiners may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the company for analysis. I further agree to and hereby authorize the release of results of said test to the company.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment 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 into signing this document by anyone.

Applicant:

Print name _____

Signature _____

Last four digits of SS# _____

Date _____

Witness Print Name _____

Witness Signature _____

Date _____